400 Seventh Street, S.W.
Washington, D.C. 20590

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***

ZIMMERMAN

[redacted] 1992

NATIONAL CAPITOL SYSTEMS, INC.

AIRBAG ACCIDENT INVESTIGATION

CASE NO. 92-03

[redacted] COUNTY, FLORIDA

TECHNICAL REPORT

This document is disseminated under the sponsorship of the Department of Transportation in the interest of information exchange. The United States Government assumes no responsibility for the contents or use thereof.

The opinions, findings and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

TECHNICAL REPORT STANDARD TITLE PAGE

1. Report No.	2. Government Accession No.	3. Recipient's Catalog No.

4. Title and Subtitle	5. Report Date
NCSI Airbag Accident Investigation Case	[redacted] 1992
	6. Performing Organization Code

7. Author(s)	8. Performing Organization Report No.
Accident Investigation Team ([redacted])	

9. Performing Organization Name and Address	10. Work Unit No.
National Capitol Systems, Inc. [redacted], [redacted] [redacted], VA 22041	11. Contract or Grant No. DTNH 22-87-C17169

12. Sponsoring Agency Name and Address	13. Type of Report and Period Covered
U.S. Department of Transportation NHTSA - National Highway Traffic Safety Administration	Technical Report Accident Date
	14. Sponsoring Agency Code

15. Supplementary Notes

16. Abstract

See Summary (page 1)

17. Key Words	18. Distribution Statement
Airbag, passive restraints	General public

19. Security Classif. (of this report)	20. Security Classif. (of this page)	21. No. of Pages	22. Price
None	None	148	

NATIONAL CAPITOL SYSTEMS, INC.

[redacted], [redacted]
[redacted] Virginia 22041

AIRBAG ACCIDENT INVESTIGATION

CASE NO. 92-03

[redacted] COUNTY, FLORIDA

Contract No. DTHN 22-87-C-171169

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

TABLE OF CONTENTS

NCSI In-Depth Case 92-03

Summary

This report is an in-depth vehicle accident study involving a 1992 Chrysler LeBaron and a 1992 Chevrolet/GEO Prism (Vehicle 2) in a head-on impact. The LeBaron was equipped with a driver's side supplemental airbag system which deployed during the impact.

The accident occurred on State Route [redacted] in [redacted] County, Florida. The LeBaron was traveling east and the Prism was traveling west on the two lane roadway. According to witnesses the Prism attempted to pass another westbound vehicle and crossed over into the eastbound travel lane. Evidence at the scene indicates the LeBaron skidded 45 feet prior to impact with the driver steering left and the vehicle rotating slightly (less than 10 degrees) counter-clockwise. Vehicle 2 also skidded approximately 45 feet before impact with the driver steering to the right. At impact the vehicles struck head-on with the right front of each vehicle sustaining the maximum engagement.

Following impact the LeBaron rotated slightly clockwise and traveled only 9 feet before coming to rest in the westbound travel lane facing east. Vehicle 2 rotated 135 degrees in a clockwise direction prior to reaching its final rest position. Vehicle 2 only traveled 15 feet from impact to final rest.

Direct damage to the LeBaron extended 48 inches across the front bumper measured from the front right corner. Maximum crush was located at the front right corner and was measured as 62 inches. A Collision Deformation Classification of 12-FDEW-6 was assigned to this impact damage. A CRASH 3 computer model resulted in a total Delta V of 43.3 mph. Damage measurements for Vehicle 2 were estimated from photographs and police markings. Direct damage of 48 inches was estimated across the front bumper measured from the front right corner. Maximum crush was estimated as 52.5 inches at the front right corner. A CDC of 12-FDEW-6 was assigned to the damage and a Delta V of 51.2 mph was generated by CRASH 3.

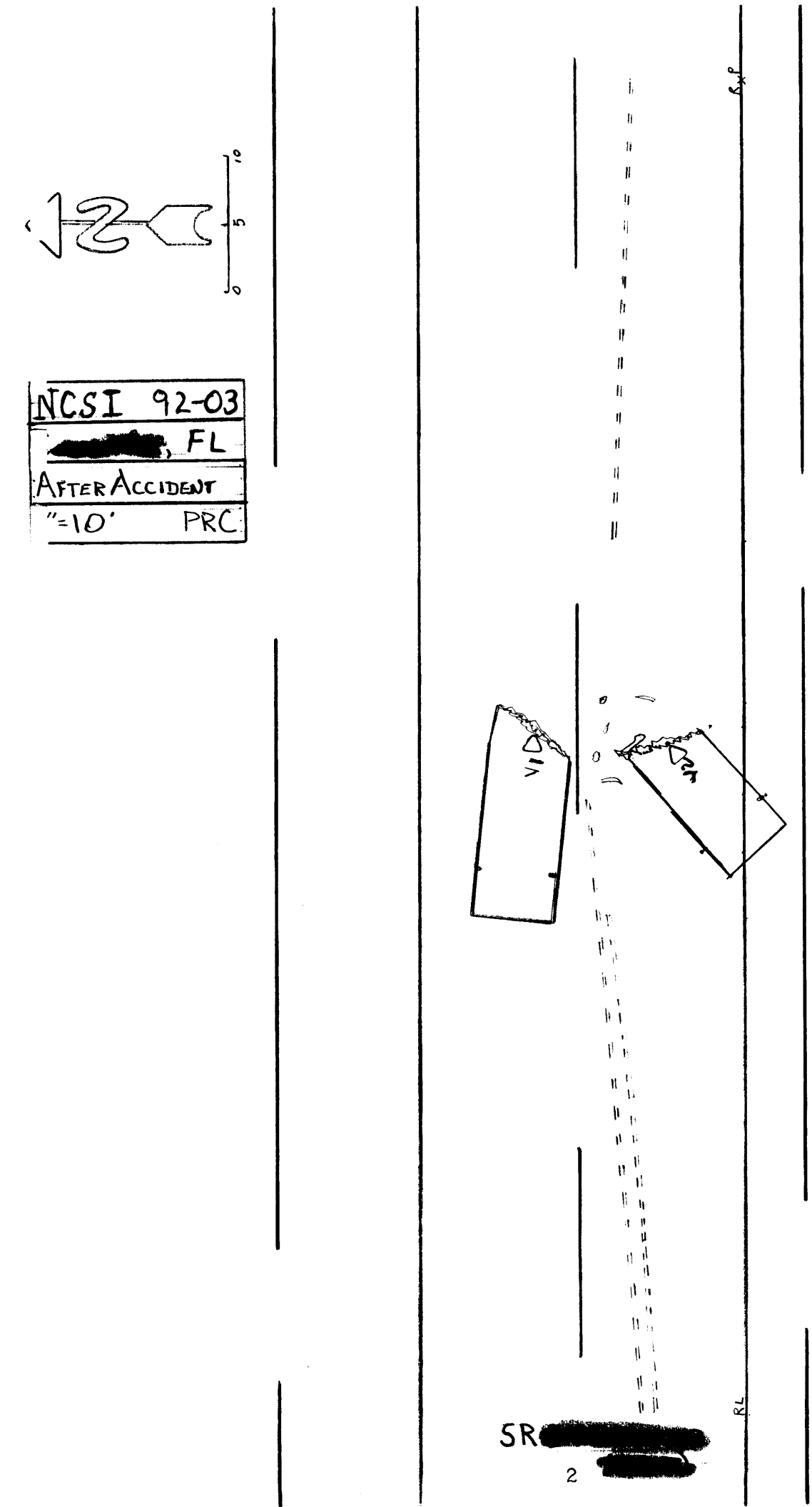
The driver of the LeBaron who was protected by his manual lap and shoulder belt as well as the airbag, sustained a fractured right pelvis and fractured right femur. His passenger was also wearing her lap and shoulder belt, however the intrusion of the interior components including the right upper A-pillar were too severe for adequate protection. She sustained fatal injuries including multiple fractures to her lower extremities and blunt head and chest trauma. The driver of Vehicle 2 was wearing his automatic shoulder belt and no lap belt at the time of the collision. He sustained a fractured sternum, fractured ribs, fractured right leg and fractured right hip. His wife was sitting in the rear right seating position, breast feeding their two month old baby. She received fractures to her ribs and lower extremities. The baby was fatally injured.

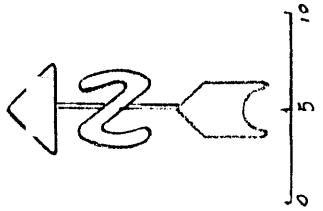
NCSI 92-03

[redacted], FL

AFTER ACCIDENT

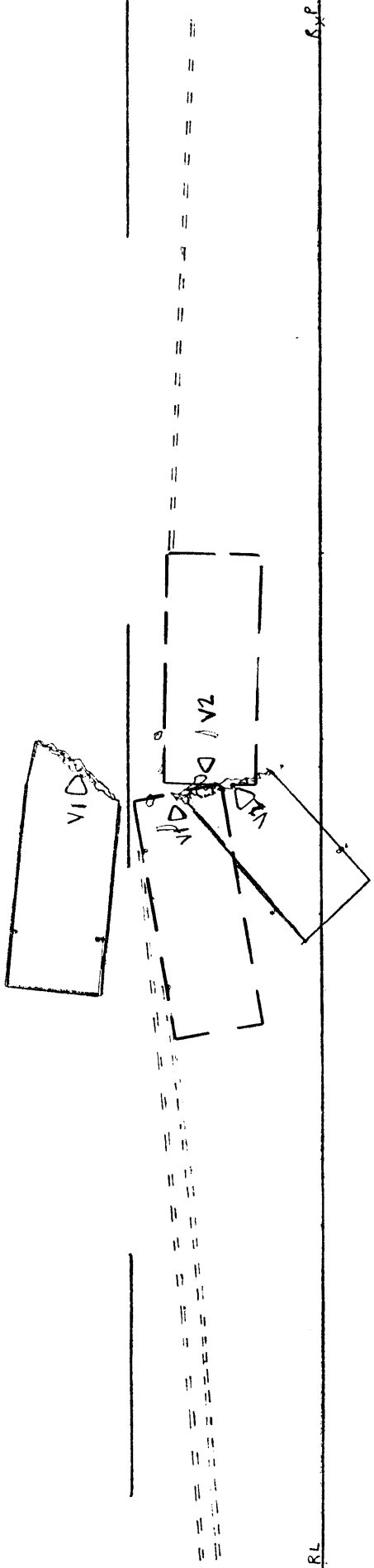
"=10' PRC





NCSI 92-03

IMPACT AND REST



SR [redacted]

NCSI AIRBAG DEPLOYMENT INVESTIGATION

Case No. 92-03
[redacted] County, Florida

IDENTIFICATION

Location:	State Route [redacted] in [redacted] County, Florida
Area/Type:	Rural/Open Country
Accident Date/Time:	[redacted] 1992 at [redacted] hours
Notification Date/Time:	[redacted] 1992 at [redacted] hours
Accident Type:	Car/Car, Head-on
Airbag Vehicle Occupant Injury Severity:	Fatal (AIS-6)

AMBIENCE

Viewing Conditions:	Daylight
Weather:	Clear
Precipitation:	None
Road Surface:	Dry

ROADWAY

Location:	State Route [redacted]
Type:	Major Arterial
Traffic Density:	Heavy
Width:	23.0 ft. (7.0 m)
Number of lanes:	Two
Median:	None
Surface:	Asphalt
Vertical Alignment:	Level
Horizontal Alignment:	Straight

TRAFFIC CONTROLS

Signals:	None
Signs:	None
Markings:	Dashed yellow lane lines
Speed Limit:	55 mph (88.5 kph)

VEHICLES

	Airbag Vehicle	Vehicle #2
Year:	1992	1992
Make:	Chrysler	GEO
Model:	LeBaron	Prism
Body Style:	Four door	Four door
VIN:	3C3XA46K0NT******	1Y1SK5464NZ******
Color:	White	Gray
Engine:	6 cylinder, 2.5 L	4 cylinder, 1.6 L
Transmission:	Automatic, column mounted transmission selector	
Steering:	Power assisted	
Brakes:	Power front disc	
Padding:	Upper and middle instrument panel, soft edged steering wheel rim and air bag module cover, sunvisors, door panels	
Active Restraints:	Lap and shoulder belts in the front and rear outside seating positions. Lap belts in the front and rear center positions.	Lap belts only in the front seat positions. Lap and shoulder belts in the rear outside positions. A lap belt in the rear center position.

VEHICLES CONT'D:

	Airbag Vehicle	Vehicle #2
Passive Restraints:	Factory installed supplemental driver airbag system which deployed as a result of the impact.	Factory installed automatic shoulder belts in the front outside positions.
Restraint Usage:	The driver and his right front passenger were wearing their manual lap and shoulder belts.	The driver was wearing his automatic shoulder belt only, he was not wearing his manual lap belt. His right rear passenger was not restrained. She was breast feeding her baby who was out of his infant seat.

VEHICLE DAMAGE

Deployment Impact

	Airbag Vehicle	Vehicle #2
Object Struck:	Vehicle 2	Airbag Vehicle
Damage Location:	Front	Front
CDC:	12-FDEW-6	12-FDEW-6
Tow Status:	Towed due to damage	Towed due to damage
Defects:	None	None
Exterior:	The airbag vehicle was severely damaged in the head-on impact with V2. At impact the driver was steering left which cause this vehicle to side-slip approximately 10 degrees	Vehicle #2 was not inspected due to pending litigation but police photographs showing the damaged vehicle were obtained.

	counter clockwise. The right front corner was the initial point of impact with direct damage extending 48 in. (121.9 cm) across the front bumper. The entire frontal plane sustained induced damage. Crush measurements taken across the front bumper were as follows: C1 = 14.5 in. (36.8 cm) C2 = 34.5 in. (87.6 cm) C3 = 44.0 in. (117.8 cm) C4 = 49.5 in. (125.7 cm) C5 = 52.75 in.(134.0 cm) C6 = 62.0 in. (157.5 cm) Damaged exterior components included the entire front cap, both right side doors, roof, left front door and the trunk lid. The vehicle was a total loss.	Direct damage was estimated to be 48 in. (121.9 cm across the frontal plane of the vehicle from the front right corner. Crush measurements were estimated from the photographs and known dimensions: C1= 12.0"(30.5cm) C2= 22.0"(55.9cm) C3= 30.0"(76.2cm) C4= 38.0"(96.5cm) C5= 44.0"(111.8cm) C6= 52.5"(133.4cm) Damaged exterior components include the entire front cap, both right side doors, and the roof. The vehicle was a total loss.
CDC:	12-FDEW-6	12-FDEW-6
Interior:	Severe damage resulted from interior compartment intrusion, occupant contact and the airbag deployment. The greatest area of intrusion was to the right side floor board. Intrusion was measured at 29 in. (73.66 cm) Intrusion to the upper A-pillar was measured at 14 in. (35.6 cm) as was the right instrument panel. Intrusion to the left side of the interior compartment was measured at 4 in. (10.2 cm) to the floor and 3 in. (7.6 cm) to the steering assembly.	Photographs showed interior damage resulting from intrusion and occupant contact. Intrusion was most obvious to the right dash and right upper A-pillar. Occupant contact was noted to the right front seat back.

VEHICLE VELOCITY ESTIMATES:

A CRASH 3 computer model was generated using the crush measurements obtained during the vehicle inspection of the airbag vehicle. Crush measurements for Vehicle 2 were estimated using police photographs and known dimensions obtained from the vehicle's original specs. The damage only run of the CRASH 3 output showed the following results:

	Airbag Vehicle	Vehicle 2
Total Delta V	43.3 mph (69.7 kph)	51.2 mph (82.4 kph)
Longitudinal Delta V	-42.9 mph (69.0 kph)	-50.7 mph (-81.6 kph)
Lateral Delta V	6.7 mph (10.8 kph)	-5.6 mph (9.0 kph)
Energy Dissipated	309117.2 Ft.-Lb.	190648.7 Ft.-Lb.

Witnesses traveling in the same directions as the involved vehicles stated that both vehicles were traveling at approximately 65 mph as they approached each other. The trajectory and damage run of the CRASH 3 computer model resulted in impact speeds of 34.7 mph (55.8 kph) for the airbag vehicle and 49.8 mph (80.1 kph) for Vehicle 2.

COLLISION SEQUENCE

At approximately [redacted] hours, the Chrysler LeBaron (airbag vehicle) was eastbound on State Route [redacted] The driver and his wife were from [redacted] and were traveling in a rented car on their honeymoon. The Geo Prism (Vehicle 2) was westbound on the same two lane roadway. The driver of Vehicle 2 was from Canada and was traveling in a rented car with his wife and baby. His wife was sitting in the rear right seat breast feeding their two month old baby. The child had an infant seat but it was not in use at this time.

In the vicinity of the accident site, State Route [redacted] is a two lane undivided roadway. The road is straight and level with unlimited sight distance. Road construction is underway in the area to change the roadway to a four lane divided freeway. The two lanes now used as travel lanes will be used for westbound travel. Traffic lanes for eastbound travel have been built but are not opened yet while some bridge work is being completed. Traffic traveling west across Florida has been on a four lane freeway for approximately 100 miles (160 kilometers) and on the two lane section for less than one mile (1.6 kilometer) at this point. Vehicles traveling east have been on the two lane section for roughly 40 miles (64 kilometers).

COLLISION SEQUENCE CONTINUED

According to witnesses, Vehicle 2 was traveling in a line of traffic at approximately 65 mph (104.5 kph) when the vehicle attempted to pass another westbound vehicle. The LeBaron skidded 45 feet (13.7 meters) and steered left in an attempted to avoid Vehicle 2. Vehicle 2 skidded 45 feet (13.7 meters) and steered right as an avoidance maneuver. The vehicles hit head-on in the eastbound travel lane. The initial point of impact was on the front right corner of the airbag vehicle and the center of V2.

Following impact, the airbag vehicle rotated slightly clockwise and came to rest in the westbound lane facing east. Evidence at the scene shows the vehicle only traveled 9 ft. (2.7 m) from impact to final rest. Vehicle 2 also rotated clockwise following impact. Vehicle 2's rotation was more pronounced as it rotated 135 degrees but only traveled 15 ft. (4.6 m) from impact to final rest. Vehicle 2 came to rest in the eastbound lane facing northeast. The head-on impact resulted in sufficient longitudinal decelerative velocity change to the airbag vehicle to deploy the driver airbag module.

Due to the remote location of this accident site, the Florida Highway patrol was not notified until [redacted] hours. The investigating officer did not arrive until [redacted] hours, approximately two hours after the crash. However, emergency medical services were notified at [redacted] hours, only four minutes from when the accident occurred. The first emergency medical vehicle arrived on the scene at [redacted] hours.

Both vehicles sustained disabling damage and were subsequently towed from the accident scene. Recuse personnel had to use extrication devices to remove the right front passenger of the airbag vehicle. They also cut the roof pillars on Vehicle 2 to remove the injured occupants.

The driver of the LeBaron, who was fully restrained by his three-point lap and shoulder belt, sustained several injuries including a fractured right pelvis and fractured right femur. His passenger was wearing her lap and shoulder belt. She received multiple fractures to her lower extremities and blunt head and chest trauma from the intrusion of the vehicle's dash, floor and upper A-pillar. The driver of Vehicle 2 was wearing his automatic shoulder belt, but not his lap belt at the time of the collision. He sustained a fractured sternum, fractured ribs, fractured right leg and fractured right hip. His wife was sitting in the rear right seating position, breast feeding their two month old baby. She sustained fractures to her ribs and lower extremities. She was not wearing her safety restraint at the time of the crash. The baby was fatally injured as it was crushed between the mother and the front seat back.

HUMAN FACTORS / OCCUPANT DATA

DRIVER DATA

	Airbag Vehicle	Vehicle #2
Age:	31	34
Sex:	Male	Male
Height:		
Weight:		
Posture:	Normal	Normal
Ejected:	No	No
Entrapped:	No	No
Active Restraint System Usage:	Lap/Shoulder Belt	Shoulder Belt
Usage Source:	Interview and PAR	Interview and PAR
Physical State:	No reported disorders	
Psychological State:	No reported disorders	
Driver Education:	Unknown	
Vehicle Familiarity:	Rented Car	Rented Car
Trip Plan:	On Vacation	On Vacation
Route Familiarity:	First Time	First Time
Manner of Leaving Scene:	Ambulance	Ambulance
Medical Treatment:	Hospitalized	Hospitalized

AIRBAG DRIVER INJURIES

Injury	Severity (AIS)	Source
Fracture Right Femur	AIS-3	Lower Dash
Fracture Right Pelvis	AIS-2	Unknown

AIRBAG DRIVER INJURIES CONTINUED

Injury Coding

I.S.S. Body Region	O.I.C. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Direct/ Indirect Injury
5	T	R	F	S	3	09	1
5	P	R	F	S	2	99	9

APPENDIX A:

Police Accident Report

FLORIDA TRAFFIC CRASH REPORT

MAIL TO: [redacted] 32399-0500

DO NOT WRITE IN THIS SPACE

BEST AVAILABLE COPY

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
[redacted] 92	[redacted] ☐ AM ☒ PM	[redacted] ☐ AM ☒ PM	[redacted] ☐ AM ☒ PM	[redacted]	[redacted]

COUNTY/CITY CODE [redacted] CITY OR TOWN (Check if in City or Town) ☐ COUNTY [redacted]

Feet or 55.2 Miles N ☐ S ☐ E ☒ W ☐ Of [redacted]

AT NODE NO. _____ OR 2/10 FEET/MILES 1 ☐ 2 ☒ FROM NODE NO. 00416 NEXT NODE NO. ON ROAD 00417 NO. OF LANES 2 1 ☐ DIVIDED 2 ☒ UNDIVIDED ON STREET, ROAD OR HIGHWAY SR-[redacted]ALLEY)

AT INTERSECTION OF 560 Parker OR 27.2 FEET/MILES 1 ☐ 2 ☒ N ☐ S ☒ E ☐ W OF INTERSECTION OF SR-[redacted]

Vehicle

DRIVER ACTION	YEAR	MAKE	TYPE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3 (1 Phantom 2 Hit & Run 3 N/A)	92	CHEV	01	YRH 37R	FL	1Y1SK5464NZ0[redacted]
TRAILER OR TOWED VEHICLE INFORMATION						

POINT OF IMPACT 1 — CIRCLE AREA OF DAMAGE (18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer)

VEHICLE TRAVELING ☐ N ☐ S ☐ E ☒ W ON SR-[redacted] At UK Est. MPH — Posted Speed 55 — EST. VEHICLE DAMAGE (1 Disabling 2 Functional 3 No Damage) $ 14,000.00 — 1 — EST. TRAILER DAMAGE $

INSURANCE CO. (LIABILITY OR PIP) [redacted] INSURANCE — POLICY NUMBER [redacted] — VEHICLE REMOVED BY: [redacted] TOWING — (1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other) 1

OWNER'S FULL NAME (Check if Driver ☐) [redacted] — CURRENT ADDRESS (Number and Street) [redacted] — CITY AND STATE [redacted], FLORIDA — ZIP CODE [redacted]

OWNER'S FULL NAME (Trailer or Towed Vehicle) — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver's License)/Pedestrian [redacted] — CURRENT ADDRESS (Number and Street) [redacted] — CITY AND STATE CANADA — ZIP CODE [redacted] — DATE OF BIRTH [redacted]

DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	BAC TEST (1 Blood 2 Breath 3 Urine 4 Refused 5 None)	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[redacted]	CAN	1	1	PEND %	6	1	4	1	1	4	1	1

HAZARDOUS MATERIALS BEING TRANSPORTED (1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other) 1

Driving Ability Questionable RECOMMEND RE-EXAM (1 YES 2 NO 3 NOT APPLICABLE) If YES, Explain in Narrative 2 — Driver's Phone No. ( )

#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	LOC	INJ.	S. EQUIP.	EJECT.
1.	[redacted]	[redacted]	CANADA [redacted]	36	6	4	1	1
2.	[redacted]	[redacted]	[redacted]. CANADA [redacted]	2mos	6	5	1	1
3.								

Vehicle

DRIVER ACTION	YEAR	MAKE	TYPE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
3 (1 Phantom 2 Hit & Run 3 N/A)	92	CHRY	01	[redacted]	FL	3C3XA46K0N[redacted]
TRAILER OR TOWED VEHICLE INFORMATION						

POINT OF IMPACT 1 — CIRCLE AREA OF DAMAGE (18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer)

VEHICLE TRAVELING ☐ N ☐ S ☒ E ☐ W ON SR-[redacted] At UK Est. MPH — Posted Speed 55 — EST. VEHICLE DAMAGE (1 Disabling 2 Functional 3 No Damage) $ 18,000.00 — 1 — EST. TRAILER DAMAGE $

INSURANCE CO. (LIABILITY OR PIP) [redacted] — POLICY NUMBER [redacted] — VEHICLE REMOVED BY: [redacted] TOWING — (1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other) 1

OWNER'S FULL NAME (Check if Driver ☐) [redacted] — CURRENT ADDRESS (Number and Street) [redacted] — CITY AND STATE [redacted] — ZIP CODE [redacted]

OWNER'S FULL NAME (Trailer or Towed Vehicle) — CURRENT ADDRESS (Number and Street) — CITY AND STATE — ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver's License)/Pedestrian [redacted] — CURRENT ADDRESS (Number and Street) [redacted] — CITY AND STATE [redacted]ENG — ZIP CODE [redacted] — DATE OF BIRTH [redacted]

DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	BAC TEST (1 Blood 2 Breath 3 Urine 4 Refused 5 None)	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.
[redacted]	ENG	1	1	PEND %	6	1	4	1	1	4	2	1

HAZARDOUS MATERIALS BEING TRANSPORTED (1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other) 1

Driving Ability Questionable RECOMMEND RE-EXAM (1 YES 2 NO 3 NOT APPLICABLE) If YES, Explain in Narrative 2 — Driver's Phone No. ([redacted]

#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	LOC	INJ.	S. EQUIP.	EJECT.
1.	[redacted]	[redacted]	ENG [redacted]	41	3	5	2	1
2.	# PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE/ZIP CODE					
3.	# PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE/ZIP CODE					

Code Information

VEHICLE TYPE
01 Passenger Vehicle, 02 Passenger Van, 03 Recreational, 04 Truck (Light) Pickup, 05 Truck (Heavy), 06 Truck-Tractor, 07 Motorcycle, 08 Off-Road Vehicle, 09 Moped, 10 Bicycle, 11 Law Enforcement Vehicle, 12 Fire Vehicle, 13 Ambulance, 14 Rescue Unit, 15 Taxicab, 16 Public School Bus, 17 Private School Bus, 18 City Transit Bus, 19 Commercial Bus, 20 Other Type Bus, 21 Special Mobile Equipment, 22 Farm Equipment, 23 Government, 24 Military, 25 Train, 26 Trailer, 27 Towed Vehicle, 28 Other

RESIDENCE (DRIVER ONLY)
1 County of Crash, 2 Elsewhere in State, 3 Non-Resident State, 4 Foreign, 5 Unknown

LICENSE TYPE
1 Operator, 2 Chauffeur, 3 Res. Operator, 4 Motorcycle, 5 None

RACE
1 White, 2 Black, 3 Hispanic, 4 Other

SEX
1 Male, 2 Female

PHYSICAL DEFECTS
1 No Defects Known, 2 Eyesight Defect, 3 Fatigue/Asleep, 4 Hearing Defect, 5 ILL, 6 Seizure, Epilepsy, Blackout, 7 Other Physical Defect

INJURY SEVERITY
1 No Injury, 2 Possible Injury, 3 Non-Incapacitating Injury, 4 Incapacitating Injury, 5 Fatal (Within 90 Days) Injury, 6 Non-Traffic Fatality

ALCOHOL/DRUG USE
1 Not Drinking or Using Drugs, 2 Alcohol-Under Influence, 3 Drugs-Under Influence, 4 Alcohol & Drugs-Under Influence, 5 Had Been Drinking, 6 Pending BAC Test Result

SAFETY EQUIPMENT IN USE
1 Not in Use, 2 Seat Belt/Shoulder Harness, 3 Child Restraint, 4 Safety Helmet/Eye Protection, 5 Air Bag, 6 Other

LOCATION (IN VEHICLE)
1 Front Left, 2 Front Center, 3 Front Right, 4 Rear Left, 5 Rear Center, 6 Rear Right, 7 In Body of Truck, 8 Bus Passenger, 9 Other

EJECTED
1 No, 2 Yes, 3 Partial

INVESTIGATOR — RANK AND SIGNATURE [redacted] — ID/BADGE NUMBER [redacted] — DEPARTMENT [redacted] HIGHWAY PATROL — 1 ☒ FHP 2 ☐ SO 3 ☐ CPD 4 ☐ OTHER

HSMV 90003 (REV. 11/90) S TPR. [redacted]

Section 3

DRIVER : Phantom ACTION 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION						

POINT OF IMPACT ☐ CIRCLE AREA OF DAMAGE 18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer

Vehicle

VEHICLE TRAVELING ☐N ☐S ☐E ☐W ON ____ At ____ Est. MPH | Posted Speed | EST. VEHICLE DAMAGE $ | 1 Disabling 2 Functional 3 No Damage ☐ | EST. TRAILER DAMAGE $

INSURANCE CO. (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other ☐

OWNER'S FULL NAME (Check if Driver ☐) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

OWNER'S FULL NAME (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

Pedestrian

DRIVER (Exactly as on Driver's License)/Pedestrian | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE | DATE OF BIRTH

DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None ☐	RESULTS . %	AL/DRUG	PHYS. DEF.	RES	RACE	SEX	INJ.	S. EQUIP.	EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 None 2 Flammable Liquid 3 Explosives 4 Poisonous Gas 5 Corrosive Materials 6 Radioactive Materials 7 Other ☐ | Driving Ability Questionable 1 YES 2 NO 3 NOT APPLICABLE RECOMMEND RE-EXAM | If YES, Explain in Narrative ☐ | Driver's Phone No. ( )

# PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE/ZIP CODE	AGE	LOC	INJ.	S. EQUIP.	EJECT.
1.							
2.							
3.							

# PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1.	$					
2.	$					

CONTRIBUTING CAUSES-DRIVER/PED (1 | 2 | 3)
01 No Improper Driving/Action — 02 Careless Driving — 03 Failed to Yield Right-of-Way — 04 Improper Backing — 05 Improper Lane Change — 06 Improper Turn — 07 Alcohol-Under Influence — 08 Drugs-Under Influence — 09 Alcohol & Drugs-Under Influence — 10 Followed Too Closely — 11 Disregarded Traffic Signal — 12 Exceeded Safe Speed Limit — 13 Disregarded Stop Sign — 14 Failed to Maintain Equip./Vehicle — 15 Improper Passing — 16 Drove Left of Center — 17 Exceeded Stated Speed Limit — 18 Obstructing Traffic — 19 Improper Load — 20 Disregarded Other Traffic Control — 21 Driving Wrong Side/Way — 77 All Other (Explain in Narrative)
Entered: 15 | 01 | ☐

VEHICLE DEFECT (1 | 2 | 3)
01 No Defects — 02 Def. Brakes — 03 Worn/Smooth Tires — 04 Defective/Improper Lights — 05 Puncture/Blowout — 06 Steering Mech. — 07 Windshield Wipers — 08 Equipment/Vehicle Defect — 77 All Other (Explain in Narrative)
Entered: 01 | 01 | ☐

VEHICLE MOVEMENT (1 | 2 | 3)
01 Straight Ahead — 02 Slowing/Stopped/Stalled — 03 Making Left Turn — 04 Backing — 05 Making Right Turn — 06 Changing Lanes — 07 Entering/Leaving Parking Space — 08 Properly Parked — 09 Improperly Parked — 10 Making U-Turn — 11 Passing — 12 Driverless or Runaway Veh. — 77 All Other (Explain in Narrative)
Entered: 11 | 01 | ☐

VEHICLE FUNCTION (1 | 2 | 3)
01 None — 02 Pulling Semi-Trailer — 03 Pulling Other Veh. — 04 Emergency Operation — 05 Truck-Tractor Pulling Two Trailers — 06 Pulling Tank Trailer — 07 Pulling House Trailer — 08 Pulling Small Trailer — 09 Veh. Being Towed/Pushed — 10 Pulling Pole Trailer — 11 Pulling Saddle Mount — 12 Police Pursuit — 77 All Other (Explain)
Entered: 01 | 01 | ☐

VEHICLE MODIFIED (1 | 2 | 3)
01 Yes — 02 No — 03 Not Applicable (If Yes, Explain)
Entered: 02 | 02 | ☐

LOCATION ON ROADWAY (1 | 2 | 3)
01 On Road — 02 Not On Road — 03 Shoulder — 04 Median — 05 Turn Lane/Safety Zone
Entered: 01 | 01 | ☐

PEDESTRIAN ACTION (1 | 2 | 3)
01 Crossing Not at Intersection — 02 Crossing at Intersection — 03 Walking Along Road With Traffic — 04 Walking Along Road Against Traffic — 05 Pushing/Working on Vehicle in Road — 06 Other Working in Road — 07 Standing/Playing in Road — 77 All Other (Explain) — 88 Unknown
Entered: ☐ | ☐ | ☐

FIRST/SUBSEQUENT HARMFUL EVENT (F | S)
01 Collision With MV in Transport (Rear-end) — 02 Collision With MV in Transport (Angle) — 03 Collision With MV in Transport (Left Turn) — 04 Collision With Parked Car — 05 Collision With MV in Transport (Sideswipe) — 06 Collision With MV in Transport (Backed Into) — 07 Collision With MV in Transport (Right Turn) — 08 MV Hit Other Fixed Object — 09 MV Hit Utility Pole/Light Pole — 10 Collision With MV in Transport (Head-on) — 11 Collision With Pedestrian — 12 Collision With Moped — 13 MV Hit Tree/Shrubbery — 14 Collision With Bicycle — 15 Collision With Bicycle (Bike Lane) — 16 MV Ran into Ditch/Culvert — 17 Ran Off Road into Water — 18 Overturned — 19 MV Hit Fence — 20 Collision With MV on Other Roadway — 21 MV Hit Sign/Sign Post — 22 MV Hit Guardrail — 23 Collision With Fixed Object Above Road — 24 Fire — 25 Collision With Animal — 26 Collision With Moveable Object On Road — 27 MV Hit Concrete Barrier Wall — 28 MV Hit Bridge/Pier/Abutment Rail — **29 Occupant Fell From Vehicle** — **30 Tractor/Trailer Jackknifed** — **31 Collision With Construction Barricade/Sign In Road** — 32 Collision With Traffic Gate — 33 Collision With Crash Attenuators — 34 Collision With Train — 35 Explosion — 77 All Other (Explain)
Entered: F: 10 | S: ☐

ROAD SYSTEM IDENTIFIER
01 Interstate — 02 U.S. — 03 State — 04 County — 05 Local — 06 Turnpike — 07 Other Full Control — 08 Other Major Arterial — 77 All Other (Explain)
Entered: 03

LIGHTING CONDITION
01 Daylight — 02 Dusk — 03 Dawn — 04 Dark (Street Light) — 05 Dark (No Street Light) — 88 Unknown
Entered: 01

ROAD SURFACE/CONDITION
01 Dry — 02 Wet — 03 Slippery — 04 Icy — 77 All Other (Explain)
Entered: 01

WEATHER
01 Clear — 02 Cloudy — 03 Rain — 04 Fog — 77 All Other (Explain)
Entered: 01

ROAD SURFACE TYPE
01 Slag/Gravel/Stone — 02 Blacktop — 03 Brick/Block — 04 Concrete — 05 Dirt — 77 All Other (Explain)
Entered: 02

CONTRIBUTING CAUSES-ROAD
01 No Defects — 02 Obstruction With/Without Warning — 03 Road Under Repair/Construction — 04 Loose Surface Materials — 05 Shoulders-Soft/Low/High — 06 Holes/Ruts/Unsafe Paved Edge — 07 Standing Water — 08 Worn/Polished Road Surface — 77 All Other (Explain)
Entered: 01 | ☐

CONTRIBUTING CAUSES-ENVIRONMENT
01 Vision Not Obscured — 02 Inclement Weather — 03 Parked/Stopped Vehicle — 04 Trees/Crops/Bushes — 05 Load on Vehicle — 06 Building/Fixed Object — 07 Signs/Billboards — 08 Fog — 09 Smoke — 10 Glare — 77 All Other (Explain)
Entered: 01 | ☐

TRAFFIC CONTROL
01 No Control — 02 Speed Control Zone — 03 Traffic Signal — 04 Stop Sign — 05 Yield Sign — 06 Flashing Light — 07 Railroad Signal — 08 Officer/Guard/Flagman — 09 Posted No U-Turn — 10 School Zone — 77 All Other (Explain)
Entered: 01 | ☐

SITE LOCATION
01 Not At Intersection/RR X'ing/Bridge — 02 At Intersection — 03 Influenced By Intersection — 04 Driveway Access — 05 Railroad Crossing — 06 Bridge — 07 Entrance Ramp — 08 Exit Ramp — 09 Parking Lot-Public — 10 Parking Lot-Private — 11 Private Property — 77 All Other (Explain)
Entered: 01 | ☐

TRAFFICWAY CHARACTER
01 Straight-Level — 02 Straight-Upgrade/Downgrade — 03 Curve-Level — 04 Curve-Upgrade/Downgrade
Entered: 01 | ☐

TYPE SHOULDER
01 Paved — 02 Unpaved
Entered: 01 | ☐

WITNESS-NAME	ADDRESS	CITY & STATE	ZIP
1 [redacted]	[redacted]	[redacted], FLORIDA	[redacted]
2 [redacted]	[redacted]	[redacted] FLORIDA	[redacted]

VIOLATOR	FL STATUTE NUMBER	NAME CHARGE	CITATION #

FLORIDA TRAFFIC CRASH REPORT

NARRATIVE AND DIAGRAM

☐ Check Only If Update

DO NOT WRITE IN THIS SPACE

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES [redacted] FLORIDA 32399-0500

EMS INFO. FATALS ONLY	TIME EMS NOTIFIED	TIME EMS ARRIVED	COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	[redacted] PM	[redacted] PM	[redacted]	[redacted]-92	92-09[redacted]	[redacted]

VEHICLE 1 WAS WESTBOUND ON SR [redacted]. VEHICLE 2 WAS EASTBOUND ON SR-[redacted]. DRIVER 1 PROCEEDED TO PASS ANOTHER VEHICLE THAT WAS TRAVELING WESTBOUND ON SR-[redacted] IN THE EASTBOUND LANE OF SR-[redacted] VEHICLE 1 STRUCK VEHICLE 2 IN RIGHT FRONT WITH LEFT FRONT. VEHICLE 1 CAME TO FINAL REST IN THE EASTBOUND LANE OF SR-[redacted] FACING EAST. VEHICLE 2 CAME TO FINAL REST IN THE WESTBOUND LANE OF SR-[redacted] FACING EAST.

VICTIM NAME: [redacted]

VICTIM DOB: [redacted]

DATE OF DEATH: [redacted]-92

TIME OF DEATH: [redacted] PM

VICTIM NAME: [redacted]

VICTIM DOB: [redacted]

DATE OF DEATH: [redacted]-92

TIME OF DEATH: [redacted] PM

TRAFFIC HOMICIDE CASE# FHP [redacted]

TRAFFIC HOMICIDE INVESTIGATED BY CPL. [redacted]

PHOTO'S TAKEN BY CPL. [redacted] HIGHWAY PATROL)

*DRIVER 1 WAS TRANSPORTED TO [redacted] GENERAL HOSPITAL.

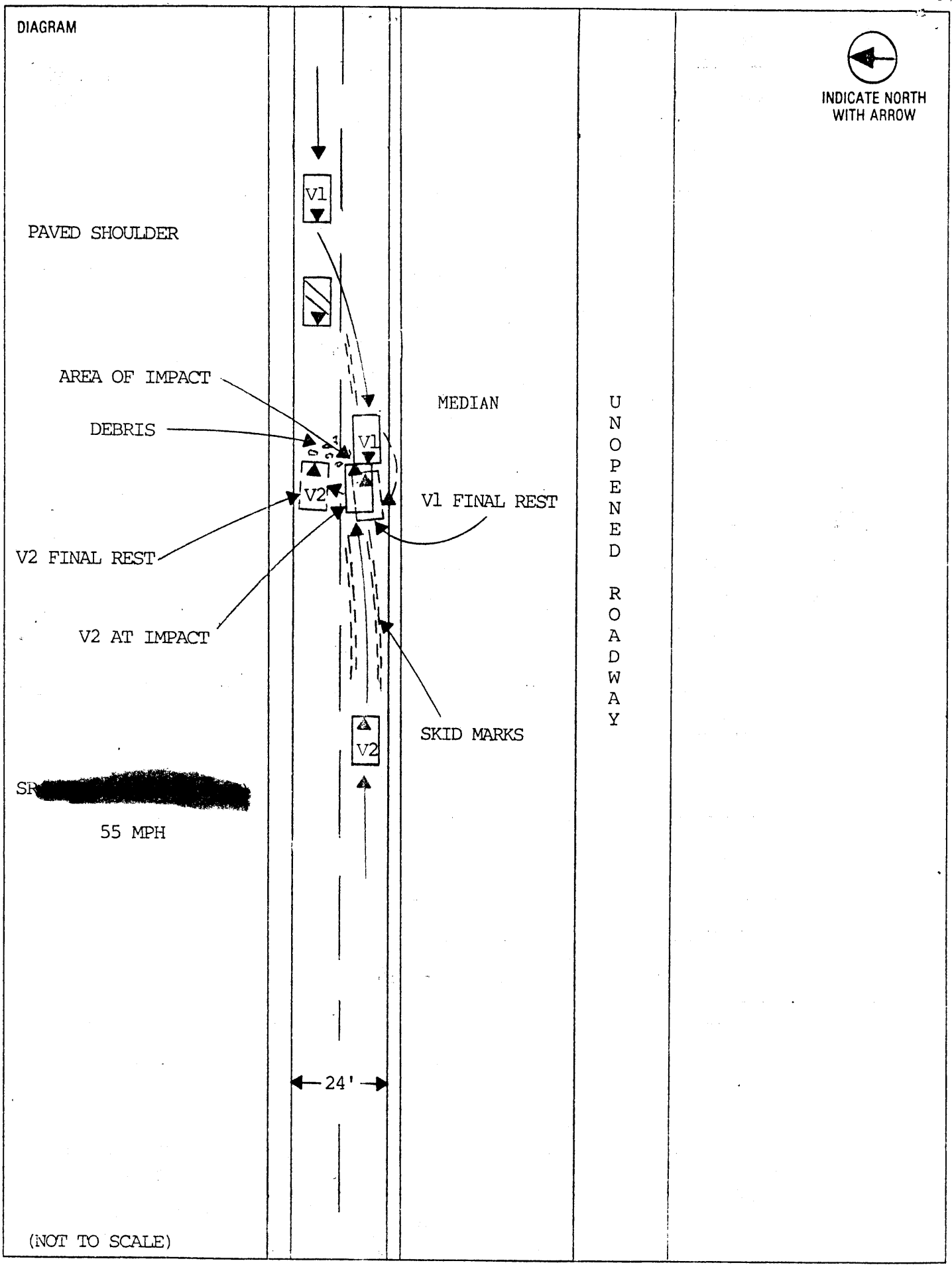
*DRIVER 2 WAS TRANSPORTED TO [redacted] HOSPITAL.

FIRST AID GIVEN BY - NAME:		INJURED TAKEN TO:	BY - NAME:
[redacted] COUNTY	☐ 1 Physician or Nurse ☒ 2 Paramedic Or EMT ☐ 3 Police Officer ☐ 4 Certified 1st Aider ☐ 5 Other	[redacted] COMMUNITY HOSPITAL	[redacted] EMS

WAS INVESTIGATION MADE AT SCENE?	IS INVESTIGATION COMPLETE?	DATE OF REPORT	PHOTOS TAKEN?
☒ 1 Yes ☐ 2 No-Where?	☐ 1 Yes ☒ 2 No-Why? PENDING BAC	0 | 4 [redacted] 9 | 2	☒ 1 Yes ☐ 2 No ☒ 3 Investigating Agency ☐ 4 Other

INVESTIGATOR - RANK AND SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	
[redacted]	[redacted]	[redacted] HIGHWAY PATROL	1 ☒ FHP 3 ☐ CPD 2 ☐ SO 4 ☐ OTHER

DIAGRAM


INDICATE NORTH WITH ARROW
V1
PAVED SHOULDER
AREA OF IMPACT
DEBRIS
MEDIAN
V1
V2
V1 FINAL REST
V2 FINAL REST
V2 AT IMPACT
SKID MARKS
V2
[redacted]
55 MPH
UNOPENED ROADWAY
24'
(NOT TO SCALE)

APPENDIX B:

NASS Forms

U.S. Department of Transportation
National Highway Traffic Safety Administration

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number NCSI

Case Number—Stratum 92-03

ACCIDENT COLLISION DIAGRAM

LEVEL I
PHYSICAL EVIDENCE ABSENT

To be accomplished when there is no physical evidence present at the scene:

- approximate vehicle orientation at impact and final rest
- applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)
- applicable traffic controls (e.g., speed limit)
- north arrow placed on diagram
- sketch required

LEVEL II
PHYSICAL EVIDENCE PRESENT

In addition to the level I tasks noted above, the following must be accomplished when physical evidence is present:

- document reference point and reference line relative to physical features present at the scene
- scale documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	267°		
Surface Type	ASPHALT		
Surface Condition	GOOD/DRY		
Grade (v/h) Measurement (between impact and final rest)	0/	0/	
Grade (v/h) Measurement (at location of rollover initiation)	0/	0/	

Reference Point: MARK ON ROAD

Reference line: S EDGE OF [redacted]

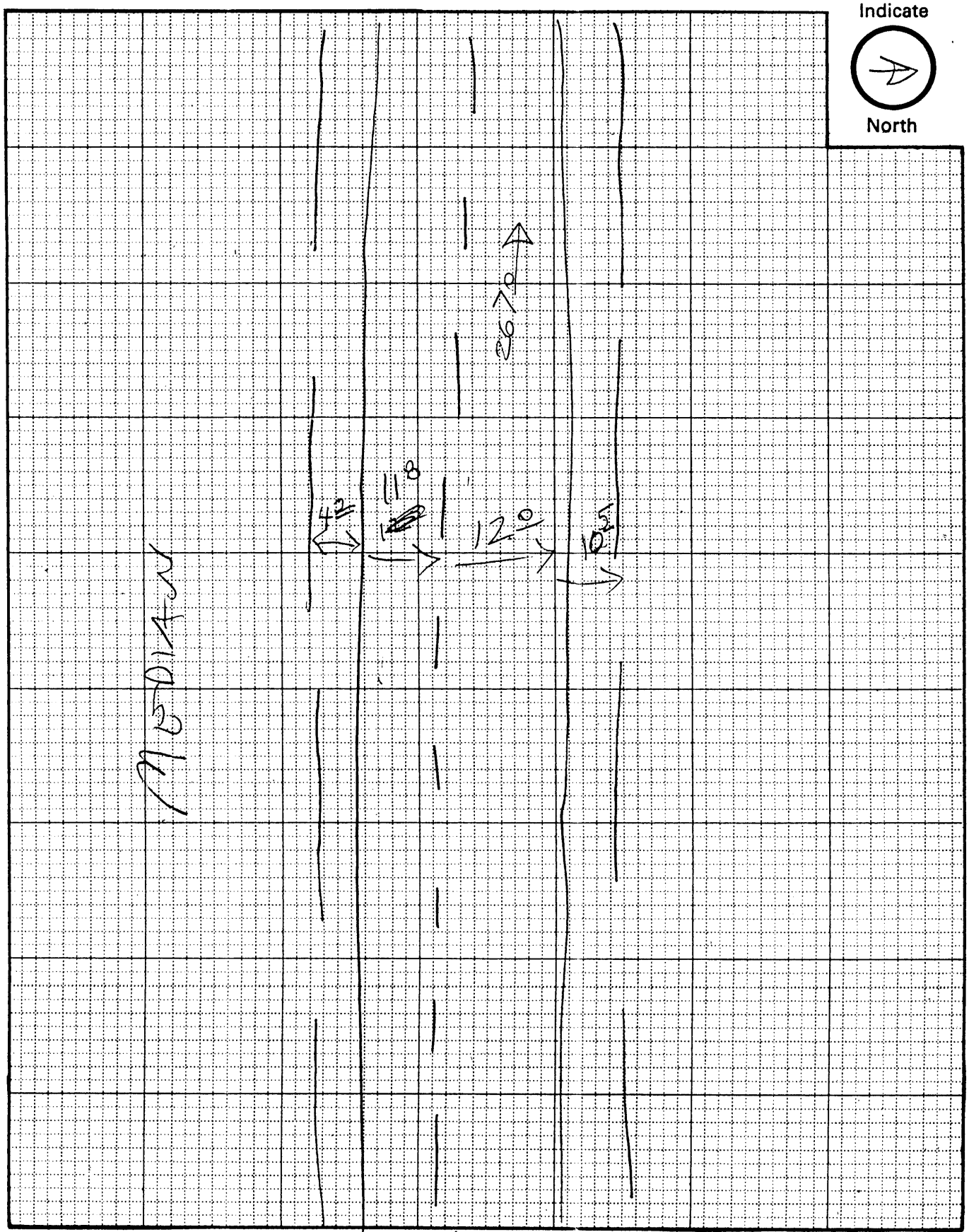
Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
SKID MARKS V1 RF	0	8' N
SKID ENDS V1 RF	33' 10" W	9' 9"
GOUGES	45' 7" → 51' 5" ↓	6' 7" → 10' 2"
FINAL REST V1 RF	47' 3"	24' 9" N
RR	52' 2"	1' 5"
LR	56' 7"	3' 0" N
SKIDS BEGIN V2 LR	97' 9"	6' 10"
LF		7' 8"
SKIDS END LR	61' 2"	10' 1"
LF	52' 11"	11' 8"
FINAL REST V2 LR	57' 10"	14' 1" → 5' 7"
RR	58' 2"	14' 1"

U.S. Department of Transportation
National Highway Traffic Safety Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

PSU No. NCSI
Case Number—Stratum 92-03



U.S. Department of Transportation
National Highway Traffic Safety Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: NCSI
2. Case Number - Stratum: 92-03

IDENTIFICATION

3. Number of General Vehicle Forms Submitted: 02
4. Date of Accident (Month, Day, Year): [redacted] / 92
5. Time of Accident: [redacted]

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. ___ SS12 Not Active: 0
7. ___ SS13 Not Active: 0
8. ___ SS14 Fatal AOPS: ___
9. ___ SS15 _____: ___
10. ___ SS16 _____: ___

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident: 01

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. 01	13. 01	14. 02	15. F	16. 02	17. 01	18. F
19. 02	20.	21.	22.	23.	24.	25.
26. 03	27.	28.	29.	30.	31.	32.
33. 04	34.	35.	36.	37.	38.	39.
40. 05	41.	42.	43.	44.	45.	46.

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

(00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 100 inches)
(02) Compact (wheelbase = 100 — 104 inches)
(03) Intermediate (wheelbase = 105 — 109 inches)
(04) Full size (wheelbase = 110 — 114 inches)
(05) Largest (wheelbase ≥ 115 inches)
(09) Unknown passenger car size
(11) Compact utility vehicle
(12) Large utility vehicle (≤ 10,000 lbs GVWR)
(13) Passenger van (≤ 10,000 lbs GVWR)
(14) Other van (≤ 10,000 lbs GVWR)
(15) Pickup truck (≤ 10,000 lbs GVWR)
(18) Other truck (≤ 10,000 lbs GVWR)
(19) Unknown light truck type
(20) School bus
(21) Other bus
(22) Truck (> 10,000 lbs GVWR)
(23) Tractor without trailer
(24) Tractor-trailer(s)
(25) Motored cycle
(28) Other vehicle
(99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back
(T) Top
(U) Undercarriage
(9) Unknown

TDC APPLICABLE VEHICLES

(0) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side
(L) Left side
(B) Back of unit with cargo area (rear of trailer or straight truck)
(D) Back (rear of tractor)
(C) Rear of cab
(V) Front of cargo area
(T) Top
(U) Undercarriage
(9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover
(32) Fire or explosion
(33) Jackknife
(34) Other intraunit damage (specify): _____
(35) Noncollision injury
(38) Other noncollision (specify): _____
(39) Noncollision — details unknown

Collision With Fixed Object
(41) Tree (≤ 4 inches in diameter)
(42) Tree (> 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment
(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 4 inches in diameter)
(51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
(52) Pole or post (> 12 inches in diameter)
(53) Pole or post (diameter unknown)
(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify): _____
(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): _____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance _____
(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify): _____
(89) Unknown nonfixed object

(98) Other event (specify): _____
(99) Unknown event or object

U.S. Department of Transportation
National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: NC5I
2. Case Number - Stratum: 92-03
3. Vehicle Number: 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year: 92
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): CHRYSLER — 06
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): LEBARON — 006
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type: 04
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number: 3C3XA46KØN[redacted]
   Left justify; Slash zeros and letter Z (0 and Z)
   No VIN—Code all zeros
   Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition: 1
   (0) Not towed due to vehicle damage
   (1) Towed due to vehicle damage
   (9) Unknown

10. Police Reported Travel Speed: 99
    Code to the nearest mph (NOTE: 00 means less than 0.5 mph)
    (97) 96.5 mph and above
    (99) Unknown

11. Police Reported Alcohol Presence: 9
    (0) No alcohol present
    (1) Yes (alcohol present)
    (7) Not reported
    (8) No driver present
    (9) Unknown

    Note: See variables 37 through 55 (Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver: 97
    Code actual value (decimal implied before first digit—0.xx)
    (95) Test refused
    (96) None given
    (97) AC test performed, results unknown
    (98) No driver present
    (99) Unknown

    Source: PAR

ACCIDENT RELATED

13. Speed Limit: 55
    (00) No statutory limit
    Code posted or statutory speed limit
    (99) Unknown

14. Attempted Avoidance Maneuver: 03
    (00) No impact
    (01) No avoidance actions
    (02) Braking (no lockup)
    (03) Braking (lockup)
    (04) Braking (lockup unknown)
    (05) Releasing brakes
    (06) Steering left
    (07) Steering right
    (08) Braking and steering left
    (09) Braking and steering right
    (10) Accelerating
    (11) Accelerating and steering left
    (12) Accelerating and steering right
    (97) No driver present
    (98) Other action (specify):
    (99) Unknown

15. Accident Type: 51
    Applicable codes may be found on the back of page two of this field form
    (00) No impact
    Code the number of the diagram that best describes the accident circumstance
    (98) Other accident type (specify):
    (99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

(01) Convertible (excludes sun-roof, t-bar)
(02) 2-door sedan, hardtop, coupe
(03) 3-door/2-door hatchback
(04) 4-door sedan, hardtop
(05) 5-door/4-door hatchback
(06) Station wagon (excluding van and truck based)
(07) Hatchback, number of doors unknown
(08) Other automobile type (specify):

_____

(09) Unknown automobile type

Automobile Derivatives

(10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
(11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
(12) Large limousine - more than four side doors or stretched chassis
(13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 10,000 lbs GVWR)

(14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravado, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
(15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
(16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
(19) Utility, unknown body type

Van Based Light Trucks (≤ 10,000 lbs GVWR)

(20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)
(21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
(22) Step van or walk-in van (≤ 10,000 lbs GVWR)
(23) Van based motorhome (≤ 10,000 lbs GVWR)
(28) Other van type (Hi-Cube Van, Kary) (specify):

_____

(29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 10,000 lbs GVWR)

(30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10 , T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
(31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)
(32) Pickup with slide-in camper
(33) Convertible pickup
(39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 10,000 lbs GVWR)

(40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
(41) Truck based panel
(42) Light truck based motorhome (chassis mounted)
(45) Other light conventional truck type
(48) Unknown light truck type
(49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

(50) School bus (designed to carry students, not cross country or transit)
(58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

_____

(59) Unknown bus type

Medium/Heavy Trucks (> 10,000 lbs GVWR)

(60) Step van (> 10,000 lbs GVWR)
(61) Single unit straight truck (10,000 lbs < GVWR ≤ 19,500 lbs)
(62) Single unit straight truck (19,500 lbs < GVWR ≤ 26,000 lbs)
(63) Single unit straight truck (> 26,000 lbs GVWR)
(64) Single unit straight truck, GVWR unknown
(65) Medium/heavy truck based motorhome
(67) Truck-tractor with no cargo trailer
(68) Truck-tractor pulling one trailer
(69) Truck-tractor pulling two or more trailers
(70) Truck-tractor (unknown if pulling trailer)
(78) Unknown medium/heavy truck type
(79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

(80) Motorcycle
(81) Moped (motorized bicycle)
(82) Three-wheel motorcycle or moped
(88) Other motored cycle (minibike, motorscooter) (specify):_____
(89) Unknown motored cycle type

Other Vehicles

(90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
(91) Snowmobile
(92) Farm equipment other than trucks
(93) Construction equipment other than trucks
(97) Other vehicle type
(99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle: 1
    (0) Driver not present
    (1) Driver present
    (9) Unknown

17. Number of Occupants This Vehicle: 02
    (00-96) Code actual number of occupants for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted: 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 03,000
    2972 Code weight to nearest 100 pounds.
    (010) Less than 1050 pounds
    (135) 13,500 pounds or more
    (999) Unknown

    Source: [redacted]

20. Vehicle Cargo Weight: 0,100
    100 Code weight to nearest 100 pounds.
    (00) Less than 50 pounds
    (97) 9,650 pounds or more
    (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit: 0
    (0) No towed unit
    (1) Yes—towed trailing unit
    (9) Unknown

22. Documentation of Trajectory Data for This Vehicle: 1
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V): 0
    (0) Not collision (for highest delta V) with tree or pole
    (1) Not damaged
    (2) Cracked/sheared
    (3) Tilted <45 degrees
    (4) Tilted ≥45 degrees
    (5) Uprooted tree
    (6) Separated pole from base
    (7) Pole replaced
    (8) Other (specify): _____
    (9) Unknown

24. Rollover: 0
    (0) No rollover (no overturning)

    Rollover (primarily about the longitudinal axis)
    (1) Rollover, 1 quarter turn only
    (2) Rollover, 2 quarter turns
    (3) Rollover, 3 quarter turns
    (4) Rollover, 4 or more quarter turns (specify): _____

    (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
    (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle): 0

26. Rear Override/Underride (this Vehicle): 0

    (0) No override/underride, or not an end-to-end impact

    Override (see specific CDC)
    (1) 1st CDC
    (2) 2nd CDC
    (3) Other not automated CDC (specify): _____

    Underride (see specific CDC)
    (4) 1st CDC
    (5) 2nd CDC
    (6) Other not automated CDC (specify): _____

    (7) Medium/heavy truck or bus override
    (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle: 273

28. Heading Angle For Other Vehicle: 078

29. Basis for Total Delta V (highest) 1

Delta V Calculated
(1) CRASH program—damage only routine
(2) CRASH program—damage and trajectory routine
(3) Missing vehicle algorithm

Delta V Not Calculated
(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

	Secondary	Highest
30. Total Delta V		43
____ Nearest mph		

(NOTE: 00 means less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

	Secondary	Highest
31. Longitudinal Component of Delta V		+43
____ Nearest mph		

(NOTE: __00 means greater than −0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

	Secondary	Highest
32. Lateral Component of Delta V		+06
____ Nearest mph		

(NOTE: __00 means greater than −0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

33. Energy Absorption 309,100
309 Nearest 100 foot-lbs 309.2

(NOTE: 0000 means less than 50 foot-lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V) 1
(0) No reconstruction
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection 1
(0) No inspection
(1) Complete inspection
(2) Partial inspection (specify): _____

36. Is this an AOPS Vehicle? 1
(0) No
(1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [ ] YES [ ] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [ ] YES [ ] NO

37. Police Reported Other Drug Presence — 0
    (0) No other drugs present
    (1) Yes (other drug present)
    (7) Not reported
    (8) No driver present
    (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver — 0
    (0) No observation/perception test given
    (1) Drug recognition technician (DRT) determination using DEC process
    (2) Behavioral
    (3) Other physical observation/perception determination (specify): _____
    (4) DEC process available, unknown if determination made
    (5) DEC process not available, unknown if other observation/perception test given
    (7) Other observation/perception test (specify): _____
    (8) No driver present

39. Other Drug Specimen Test Type For Driver — 9
    (0) No specimen test given
    (1) Blood test
    (2) Urine test
    (3) Other specimen tests (specify): _____
    (7) Unspecified specimen test
    (8) No driver present
    (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. 0	41. 9
Depressant Drug	42. 0	43. 9
Stimulant Drug	44. 0	45. 9
Hallucinogen Drug	46. 0	47. 9
Cannabinoid Drug	48. 0	49. 9
Phencyclidine (PCP)	50. 0	51. 9
Inhalant Drug	52. 0	53. 9
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. 0	55. 9

Codes For Observation/Perception Test Results

(0) No DEC observation/perception test given
(1) Passed DEC observation/perception test
(2) Failed DEC observation/perception test
(3) DEC observation/perception test given—results unknown
(8) No driver present
(9) Unknown if DEC observation/perception test given

Codes for Specimen Test Results

(0) No specimen test given
(1) Drug not found in specimen
(2) Drug found in specimen
(7) Specimen test given, results unknown or not obtained
(8) No driver present
(9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code [redacted]

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
_____ Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin 1
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
_____
(9) Unknown

58. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Hearse
(8) Fire truck or car
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 0
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):
_____
(9) Unknown rollover initiation type

60. Location of Rollover Initiation 0
(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted 0 0

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):
_____
(8) Non-contact rollover forces (specify):
_____
(9) Unknown

63. Direction of Initial Roll 0
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 0 1
(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
_____
(98) No driver present
(99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision
(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object
(41) Tree (≤ 4 inches in diameter)
(42) Tree (> 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 4 inches in diameter)
(51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
(52) Pole or post (> 12 inches in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify):_____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
_____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):
_____
(89) Unknown nonfixed object

(98) Other event (specify):
_____
(99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event 62

This Vehicle Loss of Control Due To:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

This Vehicle Traveling
(10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(19) Unknown travel direction

Other Motor Vehicle In Lane
(50) Stopped
(51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
(52) Traveling in same direction with higher speed
(53) Traveling in opposite direction
(54) In crossover
(55) Backing
(59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane
(60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist
(80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian - unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal
(87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location

(98) Other critical precrash event (specify): _____
(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attemped Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 2
(0) No avoidance maneuver
(1) Tracking
(2) Skidding longitudinally—rotation less than 30 degrees
(3) Skidding laterally—clockwise rotation
(4) Skidding laterally—counterclockwise rotation
(7) Other vehicle loss-of-control (specify): _____
(8) No driver present
(9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1
(0) No avoidance maneuver
(1) Vehicle stayed in travel lane where avoidance maneuver was initiated
(2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
(3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
(4) Vehicle departed roadway
(5) Avoidance maneuver initiated off roadway
(8) No driver present
(9) Directional consequences unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), *****
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *****
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

U.S. Department of Transportation
National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: NCSI
2. Case Number - Stratum: 92-03
3. Vehicle Number: 01

INTEGRITY

4. Passenger Compartment Integrity: 13
(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side) LF ?
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window RF
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify):

(99) Unknown

(R DOOR COT OPEN BY RESCUE)

Door, Tailgate or Hatch Opening

5. LF 2? 6. RF 3 7. LR 1 8. RR 3 9. TG/H 0

(0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 2 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision
(1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 6 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces — HOLE! B4 R
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 9 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing
(1) Glazing contacted by occupant but no glazing damage
(2) Glazing in place and cracked by occupant contact
(3) Glazing in place and holed by occupant contact
(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
(5) Glazing out-of-place by occupant contact and holed by occupant contact
(6) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

If No Glazing Damage ***And*** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 2 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing
(1) AS-1 — Laminated
(2) AS-2 — Tempered
(3) AS-3 — Tempered-tinted
(4) AS-14 — Glass/Plastic
(8) Other (specify):

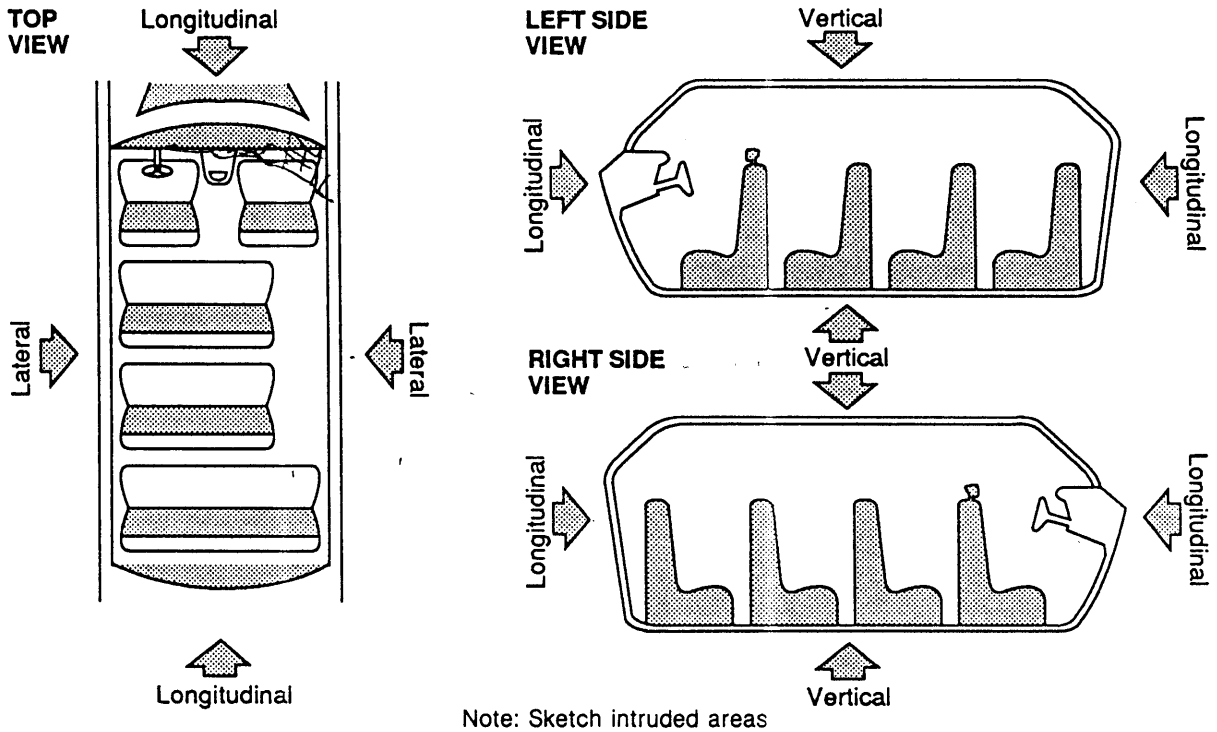
(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 2 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

INTRUSION WORKSHEET



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	–	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
LF	S W		–		=	3	LAT
	FLOOR	46	–	42	=	4	
			–		=		
			–		=		
CENTER	DASH	30	–	26	=	4	
	FLOOR	46	–	32	=	6	
RF	DASH	30	–	21	=	9	
	A-PILLAR	30	–	14	=	16	
	FLOOR	46	–	17	=	29	
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		
			–		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 13	48. 17	49. 6	50. 1
2nd	51. 13	52. 06	53. 4	54. 1
3rd	55. 13	56. 04	57. 3	58. 1
4th	59. 12	60. 17	61. 3	62. 1
5th	63. 12	64. 03	65. 2	66. 1
6th	67. 11	68. 17	69. 2	70. 1
7th	71. 11	72. 01	73. 2	74. 1
8th	75. ___	76. ___	77. ___	78. ___
9th	79. ___	80. ___	81. ___	82. ___
10th	83. ___	84. ___	85. ___	86. ___

LOCATION OF INTRUSION

Front Seat
- (11) Left
- (12) Middle
- (13) Right

Second Seat
- (21) Left
- (22) Middle
- (23) Right

Third Seat
- (31) Left
- (32) Middle
- (33) Right

Fourth Seat
- (41) Left
- (42) Middle
- (43) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____
- (99) Unknown

INTRUDING COMPONENT

Interior Components
- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield → ? RF
- (15) Windshield header → ?
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion → LR
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____
- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components
- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION
- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION
- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN

87. Steering Column Type — 2
(1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____
(9) Unknown

88. Blank — X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

89. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

90. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

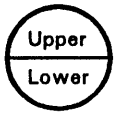
91. Blank — X X X
(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

92. Steering Rim/Spoke Deformation — 0
Code actual measured deformation to the nearest inch.
(0) No steering rim deformation
(1-5) Actual measured value
(6) 6 inches or more
(8) Observed deformation cannot be measured
(9) Unknown

93. Location of Steering Rim/Spoke Deformation — 0 0
(00) No steering rim deformation

Quarter Sections
(01) Section A
(02) Section B
(03) Section C
(04) Section D

Half Sections
(05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



(09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading — 0 0 7 ,000
6563 miles—Code mileage to the nearest 1,000 miles
(000) No odometer
(001) Less than 1,500 miles
(300) 299,500 miles or more
(999) Unknown
Source: VEH INSP

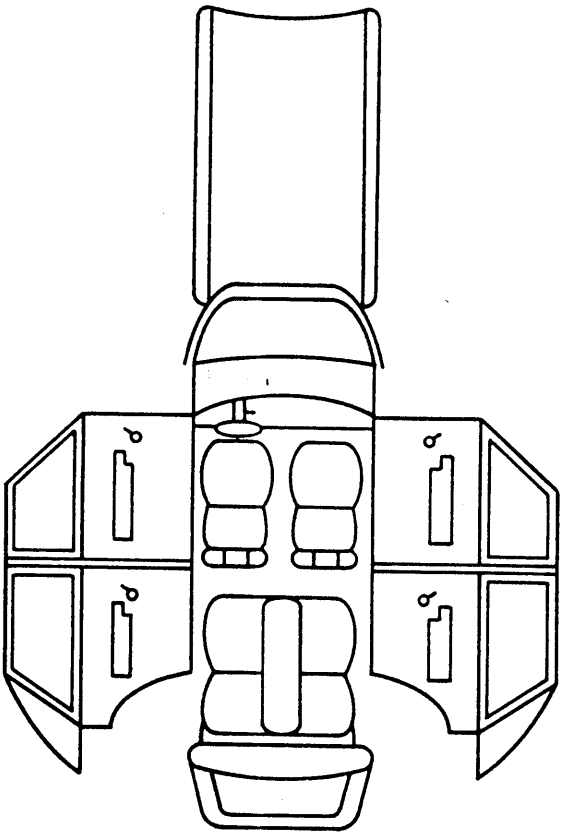
95. Instrument Panel Damage from Occupant Contact? — 1
(0) No
(1) Yes
(9) Unknown

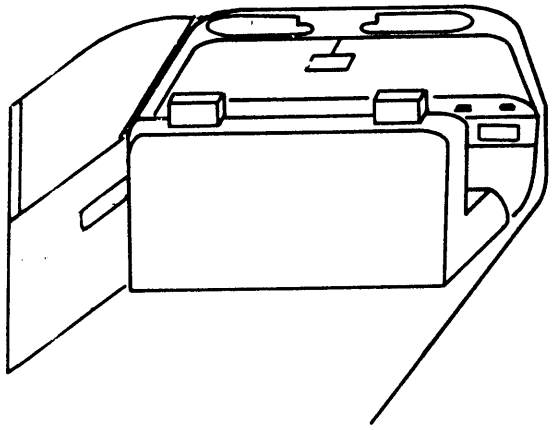
96. Knee Bolsters Deformed from Occupant Contact? — 8
(0) No
(1) Yes
(8) Not present
(9) Unknown

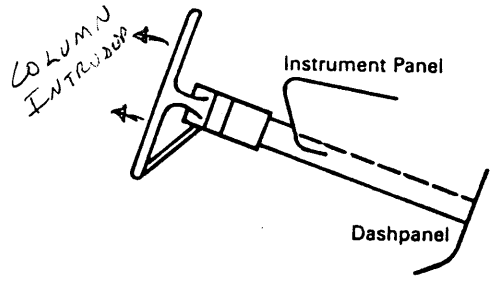
97. Did Glove Compartment Door Open During Collision(s)? — 0
(0) No
(1) Yes
(8) Not present
(9) Unknown

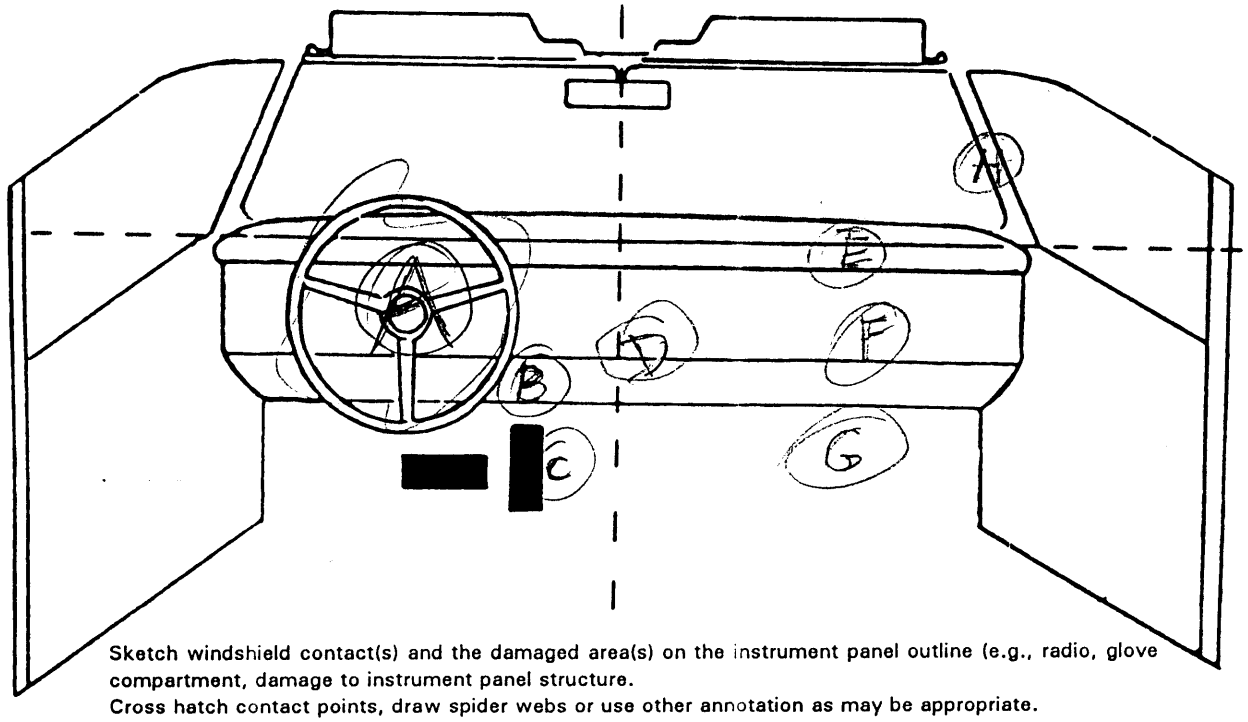
VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment









Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	AIRBAG	1	FACE/CHEST	DEPLOYED / BLOOD	1
B	(2) DASH	1	LEGS	DEFORMED / INTRUDED	2
C	FOOT CONTROLS	1	FOOT/LEGS	DEFORMED / INTRUDED	2
D	C DASH	?	?	DEFORMED / INTRUDED	3
E	(2) DASH	2	HEAD	HAIR / INTRUDED	1
F	C-SOLUTION	2	CHEST/LEGS	SMUDGE / DEFORMED	1
G	HEATER		LEGS	DEFORMED / INTRUDED	1
H	A PILLAR		HEAD	SMUDGE / DEFORMED	1
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT
- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE
- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE
- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR
- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF
- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR
- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR
- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT
- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

F		Left	Right
I	Availability/Function		
R	Deployment		
S	Failure		
T			

Air Bag System Availability/Function
- (0) Not equipped/not available
- (1) Air bag

Non-functional
- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment
- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F	Availability/Function		
I	Use		
R	Type		
S	Proper Use		
T	Failure Modes		

Automatic (Passive) Belt System Availability/Function
- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional
- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use
- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type
- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System
- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident
- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	3	4
	Use	04	00	04
	Failure Modes	1	0	1
SECOND	Availability	4	3	4
	Use	00	00	00
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available - type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____
(9) Unknown

Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
(01) Inoperable (specify): _____
(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used - type unknown
(08) Other belt used (specify): _____
(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat - type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

(0) No manual belt used or not available
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other manual belt failure (specify): _____
(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Uasge						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

   (0) No child safety seat
   (1) Infant seat
   (2) Toddler seat
   (3) Convertible seat
   (4) Booster seat
   (7) Other type child safety seat (specify):

   _____

   (8) Unknown child safety seat type
   (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

   (00) No child safety seat

   Designed for Rear Facing for This Age/Weight
   (01) Rear facing
   (02) Forward facing
   (08) Other orientation (specify):

   _____

   (09) Unknown orientation

   Designed for Forward Facing for This Age/Weight
   (11) Rear facing
   (12) Forward facing
   (18) Other orientation (specify):

   _____

   (19) Unknown orientation

   Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
   (21) Rear facing
   (22) Forward facing
   (28) Other orientation (specify):

   _____

   (29) Unknown orientation

   (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
   Note: Options Below Are Used for Variables 3-5.

   (00) No child safety seat

   Not Designed with Harness/Shield/Tether
   (01) After market harness/shield/tether added, not used
   (02) After market harness/shield/tether used
   (03) Child safety seat used, but no after market harness/shield/tether added
   (09) Unknown if harness/shield/tether added or used

   Designed With Harness/Shield/Tether
   (11) Harness/shield/tether not used
   (12) Harness/shield/tether used
   (19) Unknown if harness/shield/tether used

   Unknown If Designed With Harness/Shield/Tether
   (21) Harness/shield/tether not used
   (22) Harness/shield/tether used
   (29) Unknown if harness/shield/tether used

   (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
   (Specify make/model and occupant number)

   _____

   _____

   _____

   _____

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	04	04	04
	Seat Performance	1	3	7 & 6
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
(1) Integral — no damage
(2) Integral — damaged during accident
(3) Adjustable — no damage
(4) Adjustable — damaged during accident
(5) Add-on — no damage
(6) Add-on — damaged during accident
(8) Other Specify): _____
(9) Unknown

Seat Type (this Occupant Position)

(00) No seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify): _____
(10) Box mounted seat (i.e., van type)
(99) Unknown

Seat Performance (this Occupant Position)

(0) No seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed specify: SEAT BACK FAILED
(4) Seat tracks/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): SEAT CUSHION DEFORMED BY
(7) Combination of above (specify): INTRUSION
(8) Other (specify): _____
(9) Unknown

Seat Orientation (this Occupant Position)

(0) No seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify): _____
(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

NONE

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occpant Assessment Form.

EJECTION No [ ] Yes [ ]
Describe indications of ejection and body parts involved in partial ejection(s):

L F DOOR POSSIBLY CAME OPEN

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection
(1) Complete ejection
(1) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify): _____
(9) Unknown

Ejection Medium
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

Medium Status (Immediately Prior to Impact)
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [ ] Yes [X]
Describe entrapment mechanism: POSSIBLY BETWEEN DASH (RIGHT SIDE) AND RIGHT SIDE FLOOR

Component(s): _____

(Note in vehicle interior diagram)

U.S. Department of Transportation
National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: NCSI
2. Case Number - Stratum: 92-03
3. Vehicle Number: 02

VEHICLE IDENTIFICATION

VIN 3C3XA46KØNT[redacted] Model Year 92

Vehicle Make (specify): CHRYSLER Vehicle Model (specify): LEBARON

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	STARTS @ RT CORNER EXTENDS	ENTIRE BUMPER
	52" TO LEFT	

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage Width (CDC)	Direct Damage Max Crush	Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
1	BUMPER	43	C6	30	16.0	35.5	44.5	50.0	53.75	63.5	+6
	FREE SPACE				1.5	1.0	.5	.5	1.0	1.5	
	FINAL				14.5	34.5	44.0	49.5	52.75	62.0	

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted

RF 1
LF 2
RR 2
LR 2

b. Tire deflated

RF 1
LF 2
RR 2
LR 2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	103.5
Overall Length	182.7
Maximum Width	68.1
Curb Weight	2972
Average Track	57.4
Front Overhang	38.4
Rear Overhang	40.8
Engine Size: cyl./displ.	V6/2.5L
Undeformed End Width	64

WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

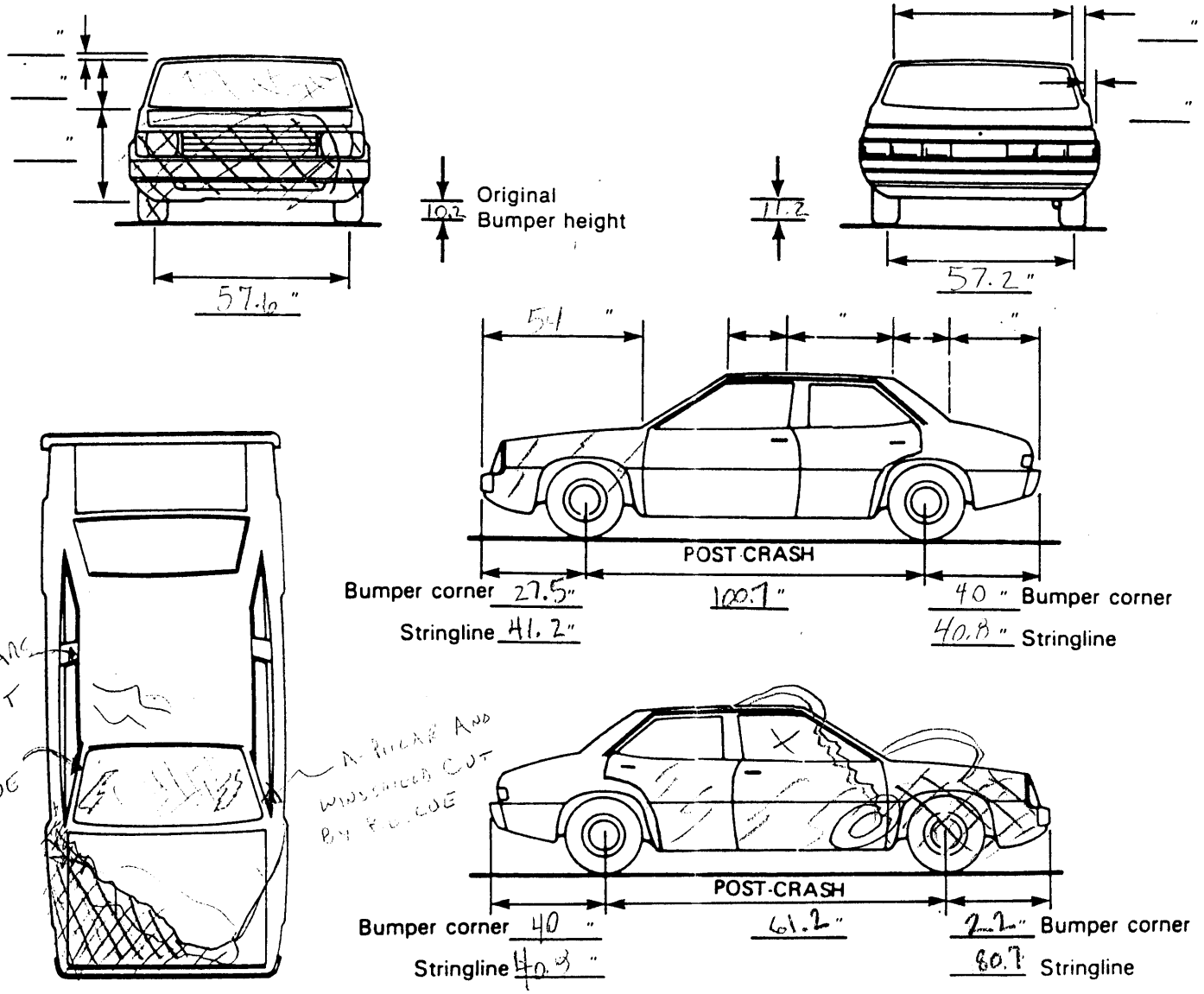
RF ± 0 5 °
LF ± ___ ___ °
RR ± ___ ___ °
LR ± ___ ___ °

Within ± 5 degrees

DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight ~~0~~



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____
- (35) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown

Collision With Fixed Object
- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	+10	00	F	D	E	W	06

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. 01	5. 01	6. 12	7. F	8. D	9. E	10. W	11. 06

Second Highest Delta "V"

12.	13.	14.	15.	16.	17.	18.	19.

CRUSH PROFILE

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. L	21. C_1	C_2	C_3	C_4	C_5	C_6	22. ±D
064	15	35	44	50	53	62	+006

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D

26. Are CDCs Documented but Not Coded on The Automated File? 0
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase Code to the nearest tenth of an inch 103.5
(9999) Unknown

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
(0) No post manufacturer modifications
(1) Yes - post manufacturer modifications (specify): _____
_____
_____
(Include photograph of CERTIFICATION PLACARD in case report)
(9) Unknown if vehicle is modified

30. Fire Occurrence 0
(0) No fire

Yes, fire occurred
(1) Minor
(2) Major
(9) Unknown

31. Origin of Fire 0
(0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____
(9) Unknown

32. Type of Fuel Tank 1
(0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS *** (I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERVIEW FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number NCLE
2. Case Number - Stratum 9 2 0 3
3. Vehicle Number 0 1

Interviewee(s) Role or Name(s): _____

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

DRIVER UNAVAILABLE

SPECIFIC QUESTIONS

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

[ ] PRE-CRASH, AT IMPACT vehicle travel/driver intention
[ ] Direction of travel
[ ] Avoidance maneuvers
[ ] Impact description/orientation
[ ] Speed estimate (precrash/at impact)
[ ] Post-impact trajectory
[ ] Door status (precrash/postcrash)
[ ] Final rest position
[ ] Previous vehicle damage
[ ] Glazing type
[ ] Vehicle glazing status
[ ] PAR clarifications
[ ] Glove box status

Cargo? No [ ] Yes [ ] Interviewee's Estimated Cargo Weight _____

Description of Cargo _____

Present Location of Vehicle (if not yet inspected)?: _____

HS Form 433D (1/92)

Information collected in this report is used to complete HS Forms 433A and 433B. These reports are authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OCCUPANT DATA

Enter the occupant's seat position in the first row and complete the column below it using the information from the interviewee(s).

SEAT POSITION	DRIVER			
RACE ? HISPANIC? [ ] No [ ] Yes		XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX
AGE/SEX				
HEIGHT (IN)				
WEIGHT (LBS.)				
POSTURE				
EJECTED? [ ] No [ ] Yes				
DESCRIBE THE EJECTION PATH				
ENTRAPPED? [ ] No [ ] Yes				
DESCRIBE ENTRAPMENT				
DESCRIBE TYPE OF RESTRAINT				
WERE BELTS WORN? [ ] No [ ] Yes				
HOW WHERE THE BELTS WORN?				
DESCRIBE ANY RESTRAINT FAILURES				
TYPE OF TREATMENT				
NAME OF TREATMENT FACILITY				
DAYS IN HOSPITAL?				
NO. OF LOST WORK DAYS?				
FOLLOW-UP TREATMENT				
WOULD YOU SIGN A MEDICAL RELEASE?				

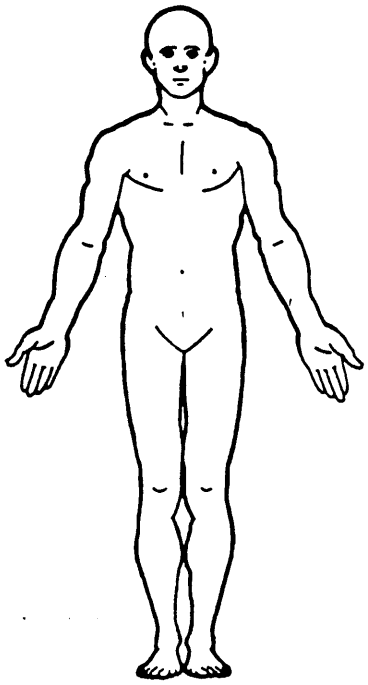
PSU Number ___ ___ Case Number—Stratum ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

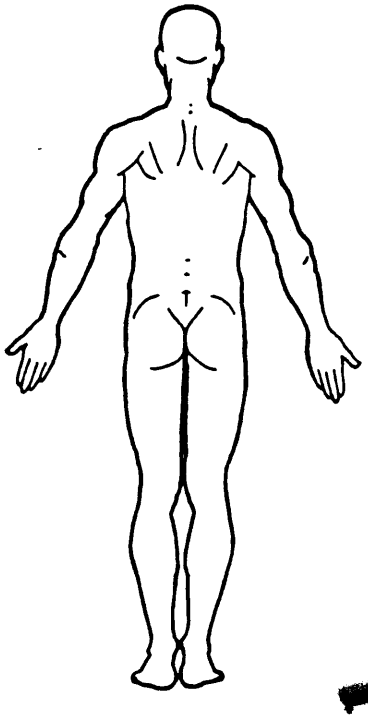
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):_____

_____

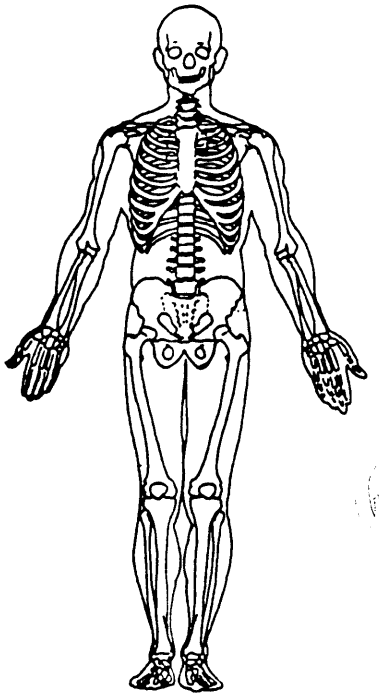
SOFT TISSUE/INTERNAL INJURIES





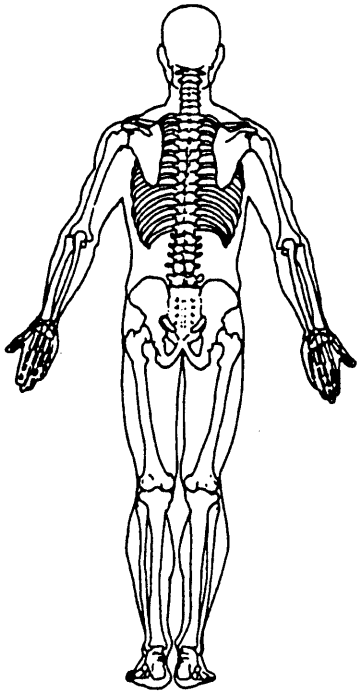
PROGOSING

SKELETAL INJURIES



FRACTURED R) PELVIS

FRACTURED (R) FEMUR



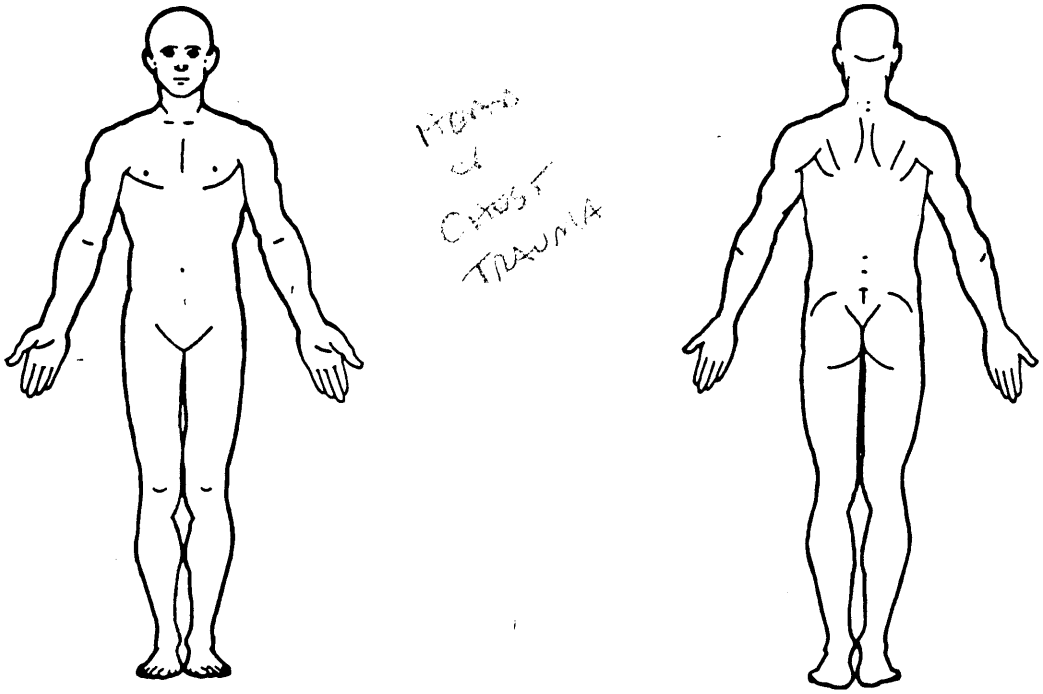
The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

PSU Number ___ ___ Case Number—Stratum ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

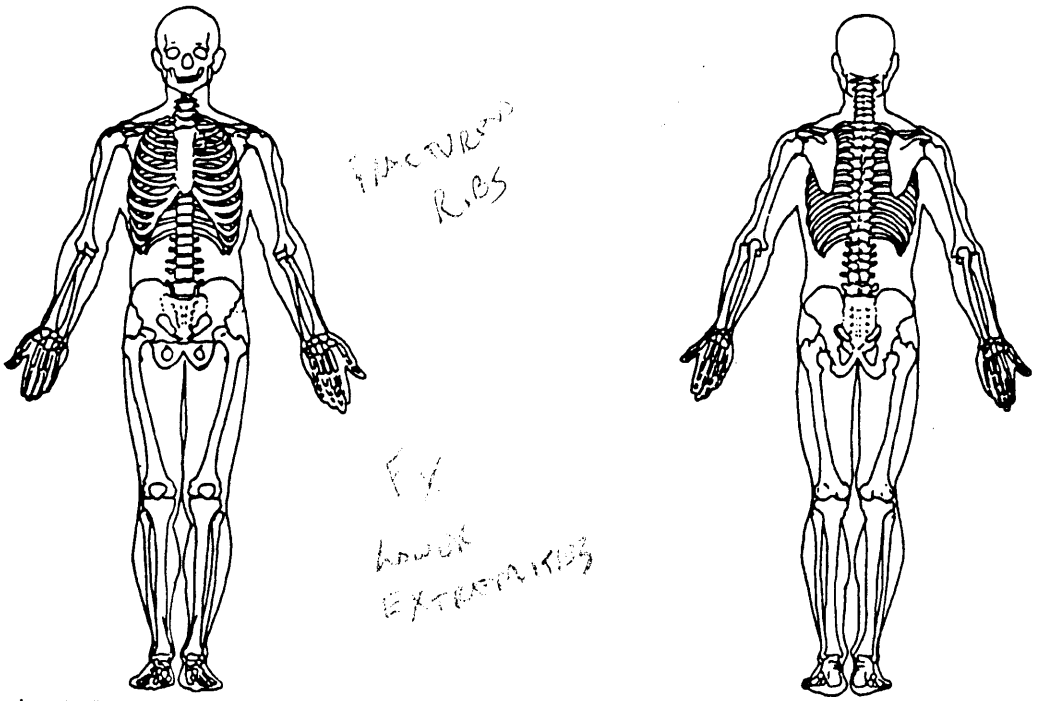
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):_____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

U.S. Department of Transportation
National Highway Traffic Safety Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: NCSI
2. Case Number - Stratum: 92 03
3. Vehicle Number: 01
4. Occupant Number: 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 41
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex: 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height: 99
Code actual height to the nearest inch.
(99) Unknown

8. Occupant's Weight: 999
Code actual weight to the nearest pounds.
(999) Unknown

9. Occupant's Role: 1
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position: 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant Posture: 9
(0) Normal posture
(1) Abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection: 0
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area: 0
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify): _____
(9) Unknown

14. Ejection Medium: 0
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

15. Medium Status (Immediately Prior To Impact): 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment: 0
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual (Active) Belt System Availability 4
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available—type unknown

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 04
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify): _____
(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used—type unknown
(08) Other belt used (specify): _____
(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat—type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of manual belt system (specify): _____
(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other manual belt failure (specify): _____
(9) Unknown

21. Air Bag System Availability/Function 1
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify): _____
(3) Air bag not reinstalled
(9) Unknown

22. Air Bag System Deployment 1
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

23. Did Air Bag System Fail? 0
(0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify): _____
(8) Restrained, type unknown
(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3
(0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

26. Seat Type (this Occupant Position) 04
(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify):
_____
(10) Box mounted seat (i.e., van type)
(99) Unknown

27. Seat Performance (this Occupant Position) 1
(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify):_____
_____
_____
(7) Combination of above (specify):
_____
(8) Other (specify):
_____
(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):
_____
(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):
_____
(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):
_____
(09) Unknown orientation

Designed For Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):
_____
(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):
_____
(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00
Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed With Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 3

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 3

(0) No treatment
(1) Fatal
(2) Fatal - ruled disease

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):

_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

_____
(9) Unknown

37. Hospital Stay 99

(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 99

_____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

39. Time to Death 00

_____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 00

41. 2nd Medically Reported Cause of Death 00

42. 3rd Medically Reported Cause of Death 00

_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(97) Other result (specify):

_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant 02

_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function [0]
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional
(4) Automatic belts destroyed or rendered inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use [0]
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type [0]
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive Belt System [0]
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):
(9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident [0]
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

49. Seat Orientation (this Occupant Position) [1]
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) [97]
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? [9]
(1) No - blood not given
(2) Yes - blood given (specify units):
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 [97]
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

UPDATE CANDIDATE? NO [ ] YES [ ]

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [ ] YES [ ]

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)

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National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

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O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	NCSI	3. Vehicle Number	01
2. Case Number - Stratum	9203	4. Occupant Number	01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S. Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 8	6. T	7. R	8. F	9. 5	10. 3	11. 09	12. 1	13. 1	14. 00
2nd	15. 8	16. P	17. R	18. F	19. 5	20. 2	21. 97	22. 9	23. 7	24. 99
3rd	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.
4th	35.	36.	37.	38.	39.	40.	41.	42.	43.	44.
5th	45.	46.	47.	48.	49.	50.	51.	52.	53.	54.
6th	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.

HS Form 433B (1/92)

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

UNAVAILABLE

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Aterial Blood Gases

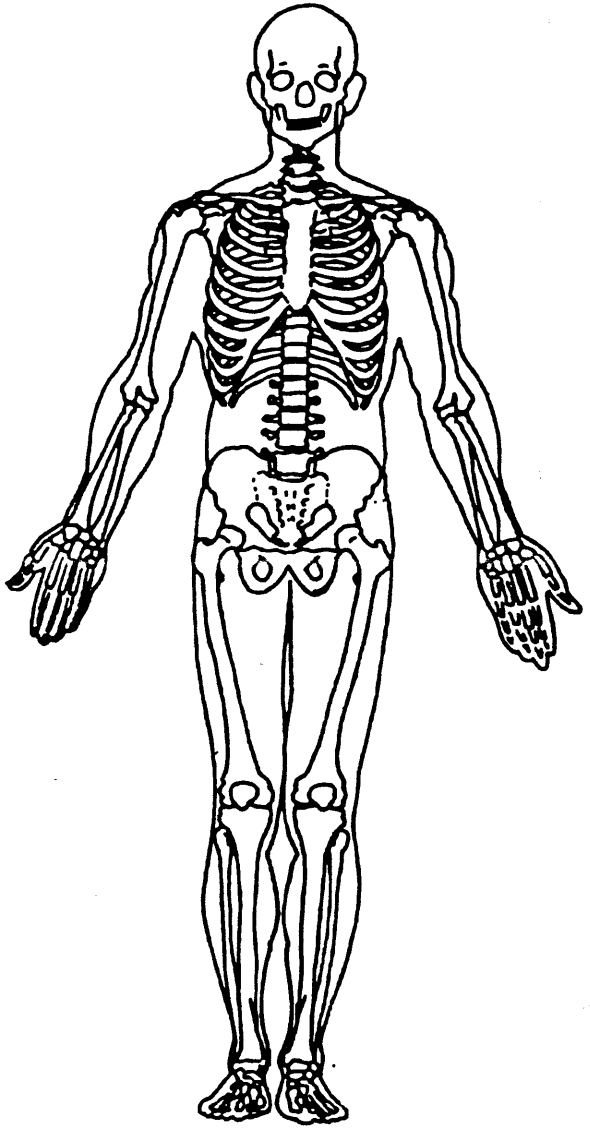
pH = __.__

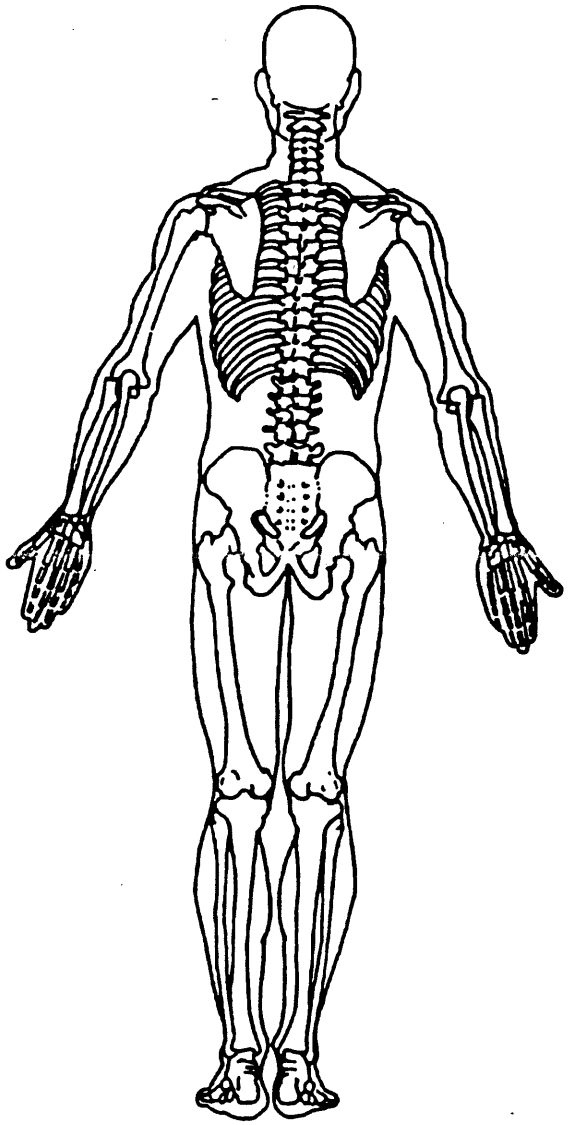
PO_2 = ____

PCO_2 ____

HCO_3 ____

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





SOURCE OF INJURY DATA

OFFICIAL
(1) Autopsy records with or without hospital medical records
(2) Hospital medical records other than emergency room (e.g., dishcarge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

UNOFFICIAL
(5) Lay coroner report
(6) E.M.S. personnel
(7) Interviewee
(8) Other source (specify):

(9) Police

INJURY SOURCE

FRONT
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
(16) Other front object (specify):

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A pillar
(23) Left B pillar
(24) Other left pillar (specify):

(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):

(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A pillar
(33) Right B pillar
(34) Other right pillar (specify):

(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
(37) Other right side object (specify):

(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar attachment point
(43) Other restraint system component (specify):
(44) Head restraint system
(45) Air bag
(46) Other occupants (specify):

(47) Interior loose objects
(48) Child safety seat (specify):

(49) Other interior object (specify):

ROOF
(50) Front header
(51) Rear header
(52) Roof left side rail
(53) Roof right side rail
(54) Roof or convertible top

FLOOR
(56) Floor (including toe pan)
(57) Floor or console mounted transmission lever, including console
(58) Parking brake handle
(59) Foot controls including parking brake

REAR
(60) Backlight (rear window)
(61) Backlight storage rack, door, etc.
(62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):
(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):

(73) Hood
(74) Hood ornament
(75) Windshield, roof rail, A-pillar
(76) Side surface
(77) Side mirrors
(78) Other side protrusions (specify)

(79) Rear surface
(80) Undercarriage
(81) Tires and wheels
(82) Other exterior of other motor vehicle (specify):

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(84) Ground
(85) Other vehicle or object (specify)

(86) Unknown vehicle or object

NONCONTACT INJURY
(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify):
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

(1) Certain
(2) Probable
(3) Possible
(9) Unknown

DIRECT/INDIRECT INJURY

(1) Direct contact injury
(2) Indirect contact injury
(3) Noncontact injury
(7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

(M) Abdomen
(Q) Ankle—foot
(A) Arm (upper)
(B) Back-thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head—skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limbs(s) (whole or unknown part)
(N) Neck—cervical spine
(P) Pelvic—hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist—hand

Aspect of Injury

(A) Anterior—front
(B) Bilateral (rib fracture only)
(C) Central
(I) Inferior—lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior—back
(R) Right
(S) Superior—upper
(W) Whole region

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured, unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severance, transection

System/Organ

(W) All systems in region
(A) Arteries—veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary—lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(V) Vertebrae

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Seriour injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

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NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: NCSI
2. Case Number - Stratum: 9203
3. Vehicle Number: 01
4. Occupant Number: 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age: 41
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown

6. Occupant's Sex: 2
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height: 99
Code actual height to the nearest inch.
(99) Unknown

8. Occupant's Weight: 999
Code actual weight to the nearest pounds.
(999) Unknown

9. Occupant's Role: 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position: 13
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant Posture: 9
(0) Normal posture
(1) Abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection: 0
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area: 0
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.) (specify): _____
(9) Unknown

14. Ejection Medium: 0
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown

15. Medium Status (Immediately Prior To Impact): 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment: 1
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual (Active) Belt System Availability 4
(0) None available
(1) Belt removed/destroyed
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt available—type unknown

Integral Belt Partially Destroyed
(6) Shoulder belt (lap belt destroyed/removed)
(7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 04
(00) None used, not available, or belt removed/destroyed
(01) Inoperative (specify): _____
(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used—type unknown
(08) Other belt used (specify): _____
(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat—type unknown
(18) Other belt used with child safety seat (specify): _____
(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1
(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly
(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
(8) Other improper use of manual belt system (specify): _____
(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1
(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other manual belt failure (specify): _____
(9) Unknown

21. Air Bag System Availability/Function 0
(0) Not equipped/not available
(1) Air bag

Non-functional
(2) Air bag disconnected (specify): _____
(3) Air bag not reinstalled
(9) Unknown

22. Air Bag System Deployment 0
(0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

23. Did Air Bag System Fail? 0
(0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4
(0) None used
(1) Police did not indicate restraint use
(2) Shoulder belt
(3) Lap belt
(4) Lap and shoulder belt
(5) Belt used, type not specified
(6) Child safety seat
(7) Other or automatic restraint (specify): _____
(8) Restrained, type unknown
(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3
(0) No head restraints
(1) Integral—no damage
(2) Integral—damaged during accident
(3) Adjustable—no damage
(4) Adjustable—damaged during accident
(5) Add-on—no damage
(6) Add-on—damaged during accident
(8) Other (specify): _____
(9) Unknown

26. Seat Type (this Occupant Position) 04
(00) Occupant not seated or no seat
(01) Bucket
(02) Bucket with folding back
(03) Bench
(04) Bench with separate back cushions
(05) Bench with folding back(s)
(06) Split bench with separate back cushions
(07) Split bench with folding back(s)
(08) Pedestal (i.e., column supported)
(09) Other seat type (specify):
_____
(10) Box mounted seat (i.e., van type)
(99) Unknown

27. Seat Performance (this Occupant Position) 6
(0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion (specify): SEAT + CUSHION DEFORMED BY INTRUSION
_____
(7) Combination of above (specify):
_____
(8) Other (specify):
_____
(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
(000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):
_____
(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):
_____
(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight
(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):
_____
(09) Unknown orientation

Designed For Forward Facing for This Age/Weight
(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):
_____
(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):
_____
(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00
Note: Options below applicable to Variables OA31-OA33.
(00) No child safety seat

Not Designed With Harness/Shield/Tether
(01) After market harness/shield/tether added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market harness/shield/tether added
(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether
(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether
(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 4

(0) O - No injury
(1) C - Possible injury
(2) B - Nonincapacitating injury
(3) A - Incapacitating injury
(4) K - Killed
(5) U - Injury, severity unknown
(6) Died prior to accident
(9) Unknown

35. Treatment - Mortality 1

(0) No treatment
(1) Fatal
(2) Fatal - ruled disease

Nonfatal
(3) Hospitalization
(4) Transported and released
(5) Treatment at scene - nontransported
(6) Treatment later
(8) Treatment - other (specify):

_____
(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

(0) Not treated at a medical facility
(1) Trauma center
(2) Hospital
(3) Medical clinic
(4) Physician's office
(5) Treatment later at medical facility
(8) Other (specify):

_____
(9) Unknown

37. Hospital Stay 0 0

(00) Not Hospitalized
_____Code the number of days (up through 60) that the occupant stayed in hospital.
(61) 61 days or more
(99) Unknown

38. Working Days Lost 6 2

_____Code the number of days (up through 60) that the occupant lost from work due to the accident
(00) No working days lost
(61) 61 days or more
(62) Fatally injured
(97) Not working prior to accident
(99) Unknown

39. Time to Death 0 1

_____Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ...n days = 30 +n up through 30 days = 60)
(00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

40. 1st Medically Reported Cause of Death 0 1

41. 2nd Medically Reported Cause of Death 9 9

42. 3rd Medically Reported Cause of Death 9 9

_____Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
(00) Not fatal or no additional causes
(97) Other result (specify):

_____
(99) Unknown

43. Number of Recorded Injuries for This Occupant _ _

_____Code the actual number of injuries recorded for this occupant.
(00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function [0]
(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional
(4) Automatic belts destroyed or rendered inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use [0]
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type [0]
(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive Belt System [0]
(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):
(9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident [0]
(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

49. Seat Orientation (this Occupant Position) [1]
(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score (at Medical Facility) [01]
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? [1]
(1) No - blood not given
(2) Yes - blood given (specify units):
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 [01]
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

UPDATE CANDIDATE? NO [ ] YES [ ]

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [ ] YES [ ]

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES (I.E., OA43 = 00,97,99)

U.S. Department of Transportation
National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: NCSF
2. Case Number - Stratum: 9203
3. Vehicle Number: 01
4. Occupant Number: 02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. 8	6. H	7. V	8. U	9. V	10. 7	11. 97	12. 9	13. 7	14. 99
2nd	15. 8	16. C	17. U	18. U	19. U	20. 7	21. 97	22. 9	23. 7	24. 99
3rd	25. 8	26. C	27. U	28. F	29. S	30. 1	31. 97	32. 9	33. 7	34. 99
4th	35. 8	36. Y	37. R	38. F	39. S	40. 2	41. 11	42. 1	43. 1	44. 01
5th	45. 8	46. Y	47. L	48. F	49. S	50. 2	51. 11	52. 1	53. 1	54. 01
6th	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.
7th	65.	66.	67.	68.	69.	70.	71.	72.	73.	74.
8th	75.	76.	77.	78.	79.	80.	81.	82.	83.	84.
9th	85.	86.	87.	88.	89.	90.	91.	92.	93.	94.
10th	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.

HS Form 433B (1/92)

This report is authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

NOT AVAILABLE

SOURCE OF INJURY DATA

OFFICIAL
(1) Autopsy records with or without hospital medical records
(2) Hospital medical records other than emergency room (e.g., dishcarge summary)
(3) Emergency room records only (including associated X-rays or other lab reports)
(4) Private physician, walk-in or emergency clinic

UNOFFICIAL
(5) Lay coroner report
(6) E.M.S. personnel
(7) Interviewee
(8) Other source (specify):

(9) Police

INJURY SOURCE

FRONT
(01) Windshield
(02) Mirror
(03) Sunvisor
(04) Steering wheel rim
(05) Steering wheel hub/spoke
(06) Steering wheel (combination of codes 04 and 05)
(07) Steering column, transmission selector lever, other attachment
(08) Add on equipment (e.g., CB, tape deck, air conditioner)
(09) Left instrument panel and below
(10) Center instrument panel and below
(11) Right instrument panel and below
(12) Glove compartment door
(13) Knee bolster
(14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
(15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
(16) Other front object (specify):

LEFT SIDE
(20) Left side interior surface, excluding hardware or armrests
(21) Left side hardware or armrest
(22) Left A pillar
(23) Left B pillar
(24) Other left pillar (specify):

(25) Left side window glass or frame
(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
(27) Other left side object (specify):

(28) Left side window sill

RIGHT SIDE
(30) Right side interior surface, excluding hardware or armrests
(31) Right side hardware or armrest
(32) Right A pillar
(33) Right B pillar
(34) Other right pillar (specify):

(35) Right side window glass or frame
(36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
(37) Other right side object (specify):

(38) Right side window sill

INTERIOR
(40) Seat, back support
(41) Belt restraint webbing/buckle
(42) Belt restraint B-pillar attachment point
(43) Other restraint system component (specify):
(44) Head restraint system
(45) Air bag
(46) Other occupants (specify):

(47) Interior loose objects
(48) Child safety seat (specify):

(49) Other interior object (specify):

ROOF
(50) Front header
(51) Rear header
(52) Roof left side rail
(53) Roof right side rail
(54) Roof or convertible top

FLOOR
(56) Floor (including toe pan)
(57) Floor or console mounted transmission lever, including console
(58) Parking brake handle
(59) Foot controls including parking brake

REAR
(60) Backlight (rear window)
(61) Backlight storage rack, door, etc.
(62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE
(65) Hood
(66) Outside hardware (e.g., outside mirror, antenna)
(67) Other exterior surface or tires (specify):
(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE
(70) Front bumper
(71) Hood edge
(72) Other front of vehicle (specify):

(73) Hood
(74) Hood ornament
(75) Windshield, roof rail, A-pillar
(76) Side surface
(77) Side mirrors
(78) Other side protrusions (specify)

(79) Rear surface
(80) Undercarriage
(81) Tires and wheels
(82) Other exterior of other motor vehicle (specify):

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(84) Ground
(85) Other vehicle or object (specify)

(86) Unknown vehicle or object

NONCONTACT INJURY
(90) Fire in vehicle
(91) Flying glass
(92) Other noncontact injury source (specify):
(93) Air bag exhaust gases
(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

(1) Certain
(2) Probable
(3) Possible
(9) Unknown

DIRECT/INDIRECT INJURY

(1) Direct contact injury
(2) Indirect contact injury
(3) Noncontact injury
(7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

(M) Abdomen
(Q) Ankle—foot
(A) Arm (upper)
(B) Back-thoracolumbar spine
(C) Chest
(E) Elbow
(F) Face
(R) Forearm
(H) Head—skull
(U) Injured, unknown region
(K) Knee
(L) Leg (lower)
(Y) Lower limbs(s) (whole or unknown part)
(N) Neck—cervical spine
(P) Pelvic—hip
(S) Shoulder
(T) Thigh
(X) Upper limb(s) (whole or unknown part)
(O) Whole body
(W) Wrist—hand

Aspect of Injury

(A) Anterior—front
(B) Bilateral (rib fracture only)
(C) Central
(I) Inferior—lower
(U) Injured, unknown aspect
(L) Left
(P) Posterior—back
(R) Right
(S) Superior—upper
(W) Whole region

Lesion

(A) Abrasion
(M) Amputation
(V) Avulsion
(B) Burn
(K) Concussion
(C) Contusion
(N) Crush
(G) Detachment, separation
(D) Dislocation
(F) Fracture
(Z) Fracture and dislocation
(U) Injured, unknown lesion
(L) Laceration
(O) Other
(P) Perforation, puncture
(R) Rupture
(S) Sprain
(T) Strain
(E) Total severance, transection

System/Organ

(W) All systems in region
(A) Arteries—veins
(B) Brain
(D) Digestive
(E) Ears
(O) Eye
(H) Heart
(U) Injured, unknown system
(I) Integumentary
(J) Joints
(K) Kidneys
(L) Liver
(M) Muscles
(N) Nervous system
(P) Pulmonary—lungs
(R) Respiratory
(S) Skeletal
(C) Spinal cord
(Q) Spleen
(T) Thyroid, other endocrine gland
(V) Vertebrae

Abbreviated Injury Scale

(1) Minor injury
(2) Moderate injury
(3) Seriour injury
(4) Severe injury
(5) Critical injury
(6) Maximum (untreatable)
(7) Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

Aterial Blood Gases

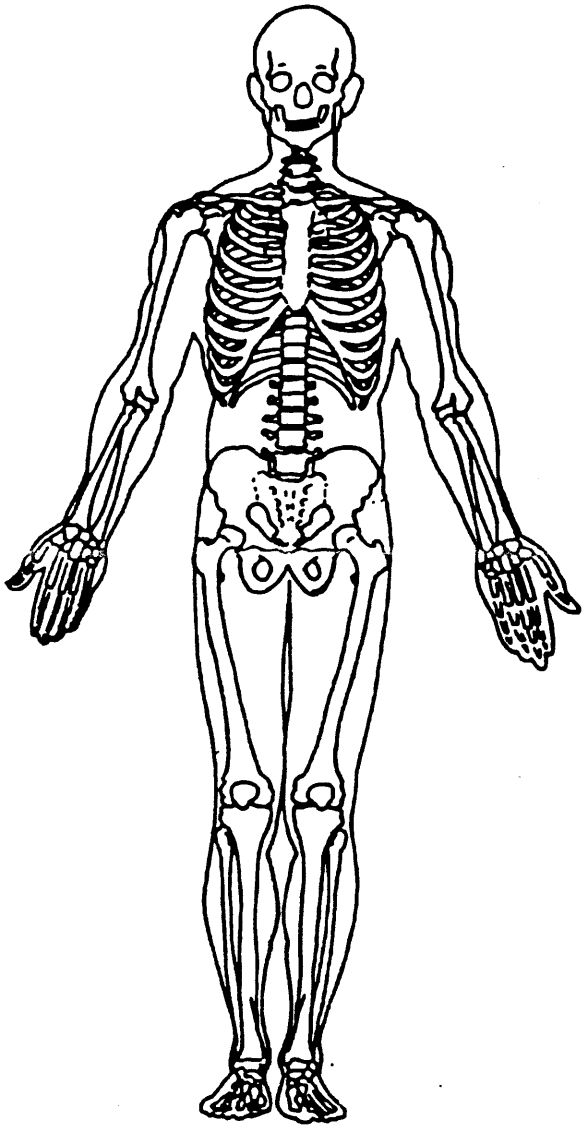
pH = __.__

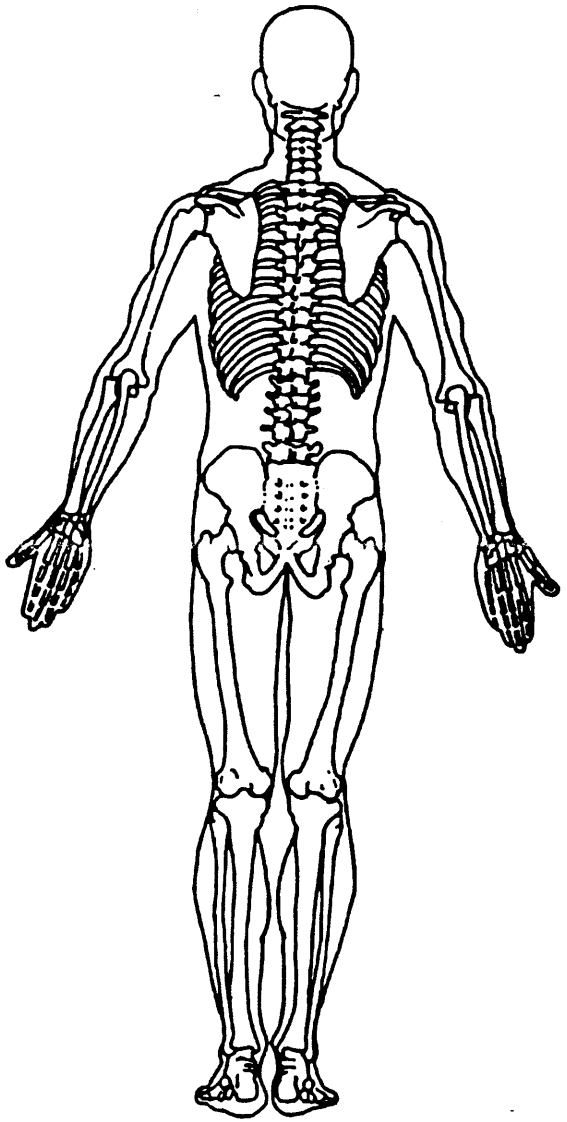
PO_2 = ____

PCO_2 ____

HCO_3 ____

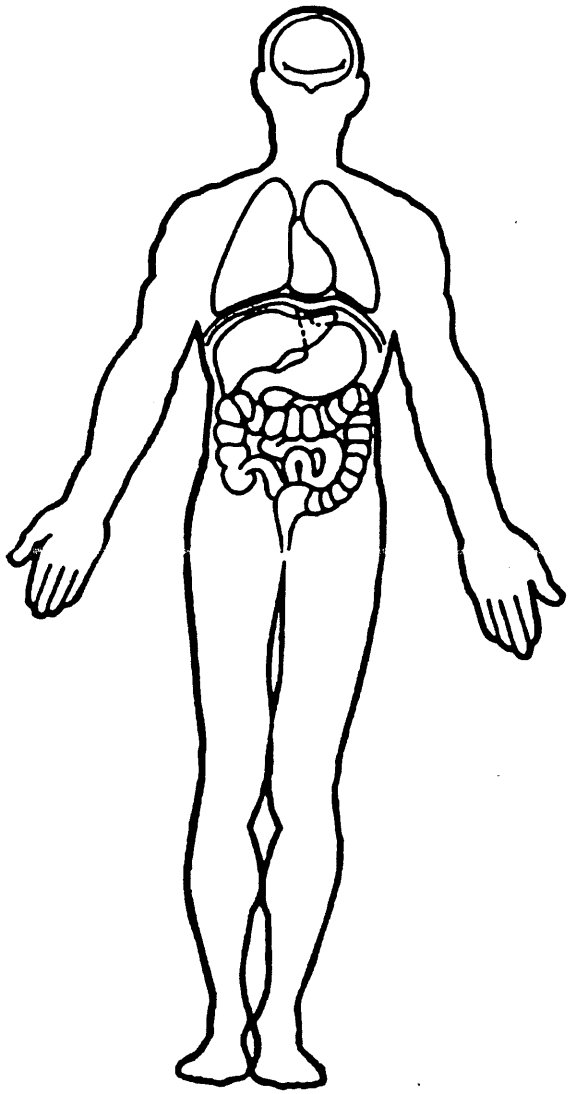
Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

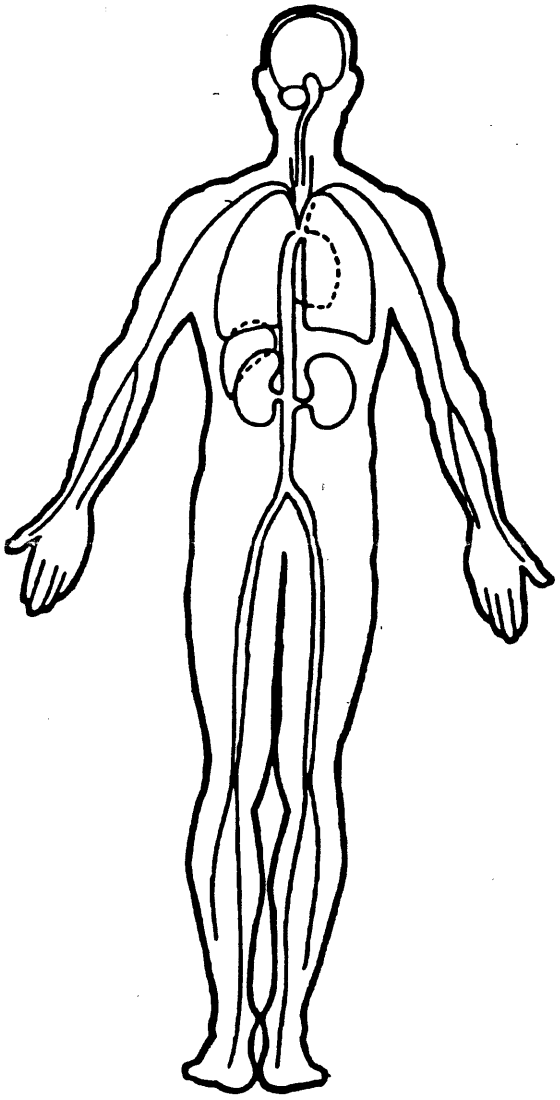




OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation
National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: NCSI
2. Case Number - Stratum: 92-03
3. Vehicle Number: 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year: 92
   Code the last two digits of the model year
   (99) Unknown

5. Vehicle Make (specify): GEO — 20
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (99) Unknown

6. Vehicle Model (specify): PRISM — 032
   Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.
   (999) Unknown

7. Body Type: 04
   Note: Applicable codes may be found on the back of this page.

8. Vehicle Identification Number: 1Y1SK5464N[redacted]
   Left justify; Slash zeros and letter Z (0 and Z)
   No VIN—Code all zeros
   Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition: 1
   (0) Not towed due to vehicle damage
   (1) Towed due to vehicle damage
   (9) Unknown

10. Police Reported Travel Speed: 99
    Code to the nearest mph (NOTE: 00 means less than 0.5 mph)
    (97) 96.5 mph and above
    (99) Unknown

11. Police Reported Alcohol Presence: 9
    (0) No alcohol present
    (1) Yes (alcohol present)
    (7) Not reported
    (8) No driver present
    (9) Unknown

    Note: See variables 37 through 55 (Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver: 97
    Code actual value (decimal implied before first digit—0.xx)
    (95) Test refused
    (96) None given
    (97) AC test performed, results unknown
    (98) No driver present
    (99) Unknown

    Source: _____

ACCIDENT RELATED

13. Speed Limit: 55
    (00) No statutory limit
    Code posted or statutory speed limit
    (99) Unknown

14. Attempted Avoidance Maneuver: 03
    (00) No impact
    (01) No avoidance actions
    (02) Braking (no lockup)
    (03) Braking (lockup)
    (04) Braking (lockup unknown)
    (05) Releasing brakes
    (06) Steering left
    (07) Steering right
    (08) Braking and steering left
    (09) Braking and steering right
    (10) Accelerating
    (11) Accelerating and steering left
    (12) Accelerating and steering right
    (97) No driver present
    (98) Other action (specify): _____
    (99) Unknown

15. Accident Type: 50
    Applicable codes may be found on the back of page two of this field form
    (00) No impact
    Code the number of the diagram that best describes the accident circumstance
    (98) Other accident type (specify): _____
    (99) Unknown

****** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ******

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

(01) Convertible (excludes sun-roof, t-bar)
(02) 2-door sedan, hardtop, coupe
(03) 3-door/2-door hatchback
(04) 4-door sedan, hardtop
(05) 5-door/4-door hatchback
(06) Station wagon (excluding van and truck based)
(07) Hatchback, number of doors unknown
(08) Other automobile type (specify):

_____

(09) Unknown automobile type

Automobile Derivatives

(10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
(11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
(12) Large limousine - more than four side doors or stretched chassis
(13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 10,000 lbs GVWR)

(14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravado, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
(15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
(16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
(19) Utility, unknown body type

Van Based Light Trucks (≤ 10,000 lbs GVWR)

(20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)
(21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
(22) Step van or walk-in van (≤ 10,000 lbs GVWR)
(23) Van based motorhome (≤ 10,000 lbs GVWR)
(28) Other van type (Hi-Cube Van, Kary) (specify):

_____

(29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 10,000 lbs GVWR)

(30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10 , T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
(31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)
(32) Pickup with slide-in camper
(33) Convertible pickup
(39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 10,000 lbs GVWR)

(40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
(41) Truck based panel
(42) Light truck based motorhome (chassis mounted)
(45) Other light conventional truck type
(48) Unknown light truck type
(49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

(50) School bus (designed to carry students, not cross country or transit)
(58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

_____

(59) Unknown bus type

Medium/Heavy Trucks (> 10,000 lbs GVWR)

(60) Step van (> 10,000 lbs GVWR)
(61) Single unit straight truck (10,000 lbs < GVWR ≤ 19,500 lbs)
(62) Single unit straight truck (19,500 lbs < GVWR ≤ 26,000 lbs)
(63) Single unit straight truck (> 26,000 lbs GVWR)
(64) Single unit straight truck, GVWR unknown
(65) Medium/heavy truck based motorhome
(67) Truck-tractor with no cargo trailer
(68) Truck-tractor pulling one trailer
(69) Truck-tractor pulling two or more trailers
(70) Truck-tractor (unknown if pulling trailer)
(78) Unknown medium/heavy truck type
(79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

(80) Motorcycle
(81) Moped (motorized bicycle)
(82) Three-wheel motorcycle or moped
(88) Other motored cycle (minibike, motorscooter) (specify):_____
(89) Unknown motored cycle type

Other Vehicles

(90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
(91) Snowmobile
(92) Farm equipment other than trucks
(93) Construction equipment other than trucks
(97) Other vehicle type
(99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle: 1
    (0) Driver not present
    (1) Driver present
    (9) Unknown

17. Number of Occupants This Vehicle: 03
    (00-96) Code actual number of occupants for this vehicle
    (97) 97 or more
    (99) Unknown

18. Number of Occupant Forms Submitted: 03

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight: 02,400
    2425 Code weight to nearest 100 pounds.
    (010) Less than 1050 pounds
    (135) 13,500 pounds or more
    (999) Unknown
    Source: [redacted]

20. Vehicle Cargo Weight: 0,100
    ____ Code weight to nearest 100 pounds.
    (00) Less than 50 pounds
    (97) 9,650 pounds or more
    (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit: 0
    (0) No towed unit
    (1) Yes—towed trailing unit
    (9) Unknown

22. Documentation of Trajectory Data for This Vehicle: 1
    (0) No
    (1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V): 0
    (0) Not collision (for highest delta V) with tree or pole
    (1) Not damaged
    (2) Cracked/sheared
    (3) Tilted <45 degrees
    (4) Tilted ≥45 degrees
    (5) Uprooted tree
    (6) Separated pole from base
    (7) Pole replaced
    (8) Other (specify): _____
    (9) Unknown

24. Rollover: 0
    (0) No rollover (no overturning)

    Rollover (primarily about the longitudinal axis)
    (1) Rollover, 1 quarter turn only
    (2) Rollover, 2 quarter turns
    (3) Rollover, 3 quarter turns
    (4) Rollover, 4 or more quarter turns (specify): _____

    (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
    (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle): 0

26. Rear Override/Underride (this Vehicle): 0

    (0) No override/underride, or not an end-to-end impact

    Override (see specific CDC)
    (1) 1st CDC
    (2) 2nd CDC
    (3) Other not automated CDC (specify): _____

    Underride (see specific CDC)
    (4) 1st CDC
    (5) 2nd CDC
    (6) Other not automated CDC (specify): _____

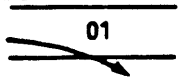
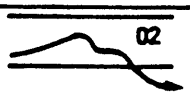
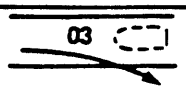
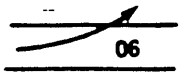
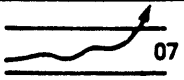
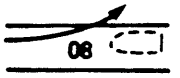
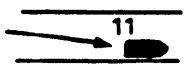
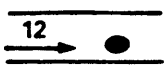
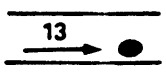
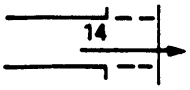
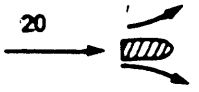
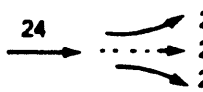
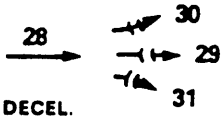
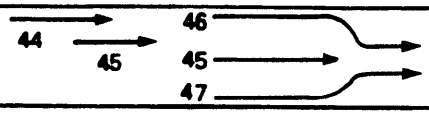
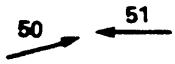
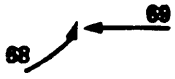
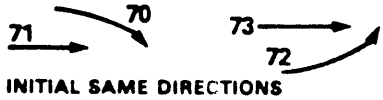
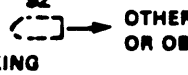
    (7) Medium/heavy truck or bus override
    (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle: 078

28. Heading Angle For Other Vehicle: 273

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 22 21 23 STOPPED 21, 22, 23	 24 26 25 27 SLOWER 25, 26, 27	 28 30 29 31 DECEL. 29, 30, 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN	
	E Forward Impact	 34 35 CONTROL/ TRACTION LOSS	 36 37 CONTROL/ TRACTION LOSS	 38 39 AVOID COLLISION WITH VEH.	 40 41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 45 46 45 47			(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On	 50 51 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 55 CONTROL/ TRACTION LOSS	 56 57 CONTROL/ TRACTION LOSS	 58 59 AVOID COLLISION WITH VEH.	 60 61 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	 64 65 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 69 INITIAL OPPOSITE DIRECTIONS	 71 70 73 72 INITIAL SAME DIRECTIONS			(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K. Turn Into Path	 77 76 79 78 TURN INTO SAME DIRECTION	 81 80 83 82 TURN INTO OPPOSITE DIRECTIONS			(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 87 86 88 89			(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	 82 BACKING VEH. 83 OTHER VEH. OR OBJECT			98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (highest) 1

Delta V Calculated
(1) CRASH program—damage only routine
(2) CRASH program—damage and trajectory routine
(3) Missing vehicle algorithm

Delta V Not Calculated
(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

	Secondary	Highest
30. Total Delta V		51
51.2 Nearest mph		

(NOTE: 00 means less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

	Secondary	Highest
31. Longitudinal Component of Delta V		+51
-50.7 Nearest mph		

(NOTE: __00 means greater than −0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

	Secondary	Highest
32. Lateral Component of Delta V		−07
6.7 Nearest mph		

(NOTE: __00 means greater than −0.5 and less than +0.5 mph)
(±97) ±96.5 mph and above
(__99) Unknown

33. Energy Absorption 190.600
190048.7 Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 foot-lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence In Reconstruction Program Results (For Highest Delta V) 2
(0) No reconstruction
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high SLIGHTLY
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection 2
(0) No inspection
(1) Complete inspection
(2) Partial inspection (specify):
FROM PHOTOS ONLY

36. Is this an AOPS Vehicle? 1
(0) No
(1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [ ] YES [ ] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [ ] YES [ ] NO

37. Police Reported Other Drug Presence [0]
(0) No other drugs present
(1) Yes (other drug present)
(7) Not reported
(8) No driver present
(9) Unknown

38. Police Reported Observation/Perception Test Type For Driver [0]
(0) No observation/perception test given
(1) Drug recognition technician (DRT) determination using DEC process
(2) Behavioral
(3) Other physical observation/perception determination (specify): _____
(4) DEC process available, unknown if determination made
(5) DEC process not available, unknown if other observation/perception test given
(7) Other observation/perception test (specify): _____
(8) No driver present

39. Other Drug Specimen Test Type For Driver [9]
(0) No specimen test given
(1) Blood test
(2) Urine test
(3) Other specimen tests (specify): _____
(7) Unspecified specimen test
(8) No driver present
(9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. [0]	41. [9]
Depressant Drug	42. [0]	43. [9]
Stimulant Drug	44. [0]	45. [9]
Hallucinogen Drug	46. [0]	47. [9]
Cannabinoid Drug	48. [0]	49. [0]
Phencyclidine (PCP)	50. [0]	51. [0]
Inhalant Drug	52. [0]	53. [9]
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. [0]	55. [9]

Codes For Observation/Perception Test Results

(0) No DEC observation/perception test given
(1) Passed DEC observation/perception test
(2) Failed DEC observation/perception test
(3) DEC observation/perception test given—results unknown
(8) No driver present
(9) Unknown if DEC observation/perception test given

Codes for Specimen Test Results

(0) No specimen test given
(1) Drug not found in specimen
(2) Drug found in specimen
(7) Specimen test given, results unknown or not obtained
(8) No driver present
(9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code [redacted]

(00000) Driver not present
(00001) Driver not a resident of U.S. or territories
_____ Code actual 5-digit zip code
(99999) Unknown

57. Driver's Race/Ethnic Origin 1
(0) Driver not present
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(8) Other (specify):
_____
(9) Unknown

58. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Hearse
(8) Fire truck or car
(9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 0
(0) No rollover
(1) Trip-over
(2) Flip-over
(3) Turn-over
(4) Climb-over
(5) Fall-over
(6) Bounce-over
(7) Collision with another vehicle
(8) Other rollover initiation type specify):
_____
(9) Unknown rollover initiation type

60. Location of Rollover Initiation 0
(0) No rollover
(1) On roadway
(2) On shoulder—paved
(3) On shoulder—unpaved
(4) On roadside or divided trafficway median
(9) Unknown

61. Rollover Initiation Object Contacted 0 0

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify):
_____
(8) Non-contact rollover forces (specify):
_____
(9) Unknown

63. Direction of Initial Roll 0
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(5) End-over-end (i.e., primarily about the lateral axis)
(9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event) 0 5
(01) Going straight
(02) Slowing or stopping in traffic lane
(03) Starting in traffic lane
(04) Stopped in traffic lane
(05) Passing or overtaking another vehicle
(06) Disabled or parked in travel lane
(07) Leaving a parking position
(08) Entering a parking position
(09) Turning right
(10) Turning left
(11) Making a U-turn
(12) Backing up (other than for parking position)
(13) Negotiating a curve
(14) Changing lanes
(15) Merging
(16) Successful avoidance maneuver to a previous critical event
(97) Other (specify):
_____
(98) No driver present
(99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision
(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object
(41) Tree (≤ 4 inches in diameter)
(42) Tree (> 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 4 inches in diameter)
(51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
(52) Pole or post (> 12 inches in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail) (specify):_____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

_____
(69) Unknown fixed object

Collision with Nonfixed Object
(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

_____
(89) Unknown nonfixed object

(98) Other event (specify):

_____
(99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event 10

This Vehicle Loss of Control Due To:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

This Vehicle Traveling
(10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(19) Unknown travel direction

Other Motor Vehicle In Lane
(50) Stopped
(51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
(52) Traveling in same direction with higher speed
(53) Traveling in opposite direction
(54) In crossover
(55) Backing
(59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane
(60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist
(80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian - unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal
(87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location

(93) Other critical precrash event (specify): _____
(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attemped Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 2
(0) No avoidance maneuver
(1) Tracking
(2) Skidding longitudinally—rotation less than 30 degrees
(3) Skidding laterally—clockwise rotation
(4) Skidding laterally—counterclockwise rotation
(7) Other vehicle loss-of-control (specify): _____
(8) No driver present
(9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1
(0) No avoidance maneuver
(1) Vehicle stayed in travel lane where avoidance maneuver was initiated
(2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
(3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
(4) Vehicle departed roadway
(5) Avoidance maneuver initiated off roadway
(8) No driver present
(9) Directional consequences unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), *****
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *****
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

U.S. Department of Transportation

National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number: NCSI
2. Case Number - Stratum: 9203
3. Vehicle Number: 02

VEHICLE IDENTIFICATION

VIN _____ Model Year 92

Vehicle Make (specify): GEO Vehicle Model (specify): PRISM

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C_1	C_2	C_3	C_4	C_5	C_6	±D
		Width (CDC)	Max Crush								
1	BUMPER	48	C6	60	12.0	22.0	30.0	38.0	44.0	52.5	+6

HS Form 435A (Rev. 1/92)

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted	b. Tire deflated
RF ___	RF ___
LF ___	LF ___
RR ___	RR ___
LR ___	LR ___

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☐ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase	95.7
Overall Length	170.7
Maximum Width	65.2
Curb Weight	2435
Average Track	
Front Overhang	34.8
Rear Overhang	40.2
Engine Size: cyl./displ.	
Undeformed End Width	60

WHEEL STEER ANGLES

(For locked front wheels or displaced rear axles only)

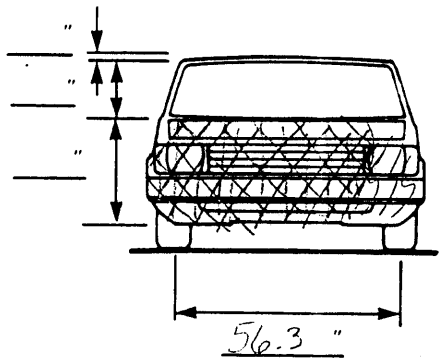
RF ± ___ ___ °
LF ± ___ ___ °
RR ± ___ ___ °
LR ± ___ ___ °

Within ± 5 degrees

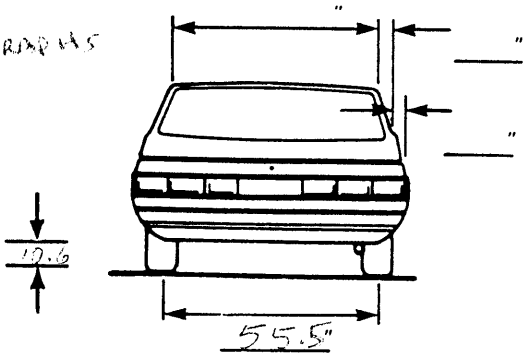
DRIVE WHEELS

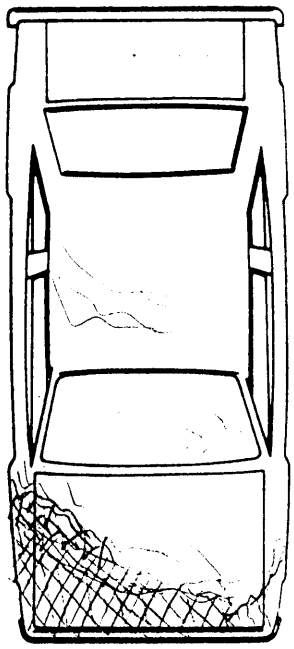
☐ FWD ☐ RWD ☐ 4WD

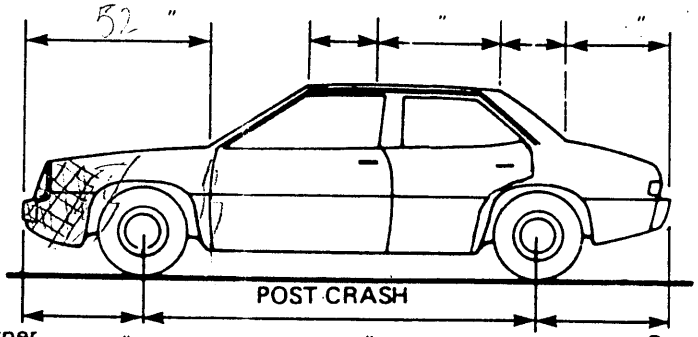
Approximate Cargo Weight ___



Original Bumper height 9.1

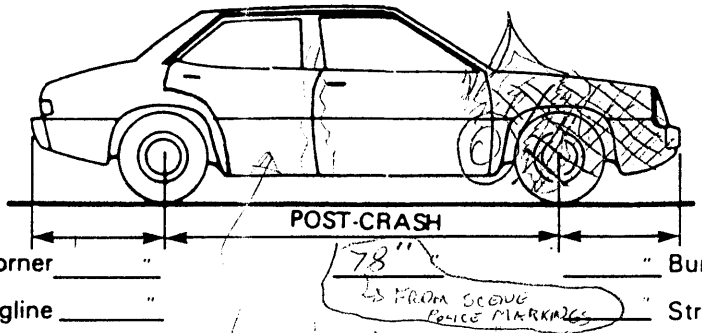






Bumper corner ___ " ___ " ___ " Bumper corner

Stringline ___ " ___ " Stringline



Bumper corner ___ " ___ " Bumper corner

Stringline ___ " ___ " Stringline

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision
- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____
- (35) Noncollision injury
- (38) Other noncollision (specify): _____
- (39) Noncollision — details unknown

Collision With Fixed Object
- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____
- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____
- (69) Unknown fixed object

Collision with Nonfixed Object
- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify): _____
- (89) Unknown nonfixed object
- (98) Other event (specify): _____
- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	01	005	00	F	D	E	W	06

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. 01	5. 01	6. 12	7. F	8. D	9. E	10. W	11. 06

Second Highest Delta "V"

12.	13.	14.	15.	16.	17.	18.	19.

CRUSH PROFILE

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. L	21. C_1	C_2	C_3	C_4	C_5	C_6	22. ±D
060	12	22	30	32	44	53	+006

Second Highest Delta "V"

23. L	24. C_1	C_2	C_3	C_4	C_5	C_6	25. ±D
							+ −

26. Are CDCs Documented but Not Coded on The Automated File? 0
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 095.7
Code to the nearest tenth of an inch
(9999) Unknown

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
    (0) No post manufacturer modifications
    (1) Yes - post manufacturer modifications (specify): _____
    _____
    _____
    (Include photograph of CERTIFICATION PLACARD in case report)
    (9) Unknown if vehicle is modified

30. Fire Occurrence 0
    (0) No fire

    Yes, fire occurred
    (1) Minor
    (2) Major
    (9) Unknown

31. Origin of Fire 0
    (0) No fire
    (1) Vehicle exterior (front, side, back, top)
    (2) Exhaust system
    (3) Fuel tank (and other fuel retention system parts)
    (4) Engine compartment
    (5) Cargo/trunk compartment
    (6) Instrument panel
    (7) Passenger compartment area
    (8) Other location (specify):
    _____
    (9) Unknown

32. Type of Fuel Tank 9
    (0) No fuel tank (electrical vehicle)
    (1) Metallic
    (2) Non-metallic
    (9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERVIEW FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number ____ ____
2. Case Number - Stratum ____ ____ ____ ____
3. Vehicle Number ____ ____

Interviewee(s) Role or Name(s): _____

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

SPECIFIC QUESTIONS

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

[ ] PRE-CRASH, AT IMPACT vehicle travel/driver intention
[ ] Direction of travel
[ ] Avoidance maneuvers
[ ] Impact description/orientation
[ ] Speed estimate (precrash/at impact)
[ ] Post-impact trajectory
[ ] Door status (precrash/postcrash)
[ ] Final rest position
[ ] Previous vehicle damage
[ ] Glazing type
[ ] Vehicle glazing status
[ ] PAR clarifications
[ ] Glove box status

Cargo? No [ ] Yes [ ] Interviewee's Estimated Cargo Weight _____

Description of Cargo _____

Present Location of Vehicle (if not yet inspected)?: _____

HS Form 433D (1/92)

Information collected in this report is used to complete HS Forms 433A and 433B. These reports are authorized by P.L. 89-563, Title 1, Section 106, 108, and 112. While you are not required to respond, your cooperation is needed to make the results of this data collection effort comprehensive, accurate, and timely.

OCCUPANT DATA

Enter the occupant's seat position in the first row and complete the column below it using the information from the interviewee(s).

SEAT POSITION	DRIVER			
RACE ? HISPANIC? [ ] No [ ] Yes		XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX
AGE/SEX				
HEIGHT (IN)				
WEIGHT (LBS.)				
POSTURE				
EJECTED? [ ] No [ ] Yes				
DESCRIBE THE EJECTION PATH				
ENTRAPPED? [ ] No [ ] Yes				
DESCRIBE ENTRAPMENT				
DESCRIBE TYPE OF RESTRAINT				
WERE BELTS WORN? [ ] No [ ] Yes				
HOW WHERE THE BELTS WORN?				
DESCRIBE ANY RESTRAINT FAILURES				
TYPE OF TREATMENT				
NAME OF TREATMENT FACILITY				
DAYS IN HOSPITAL?	STILL IN ICU [redacted] /83			
NO. OF LOST WORK DAYS?				
FOLLOW-UP TREATMENT				
WOULD YOU SIGN A MEDICAL RELEASE?				

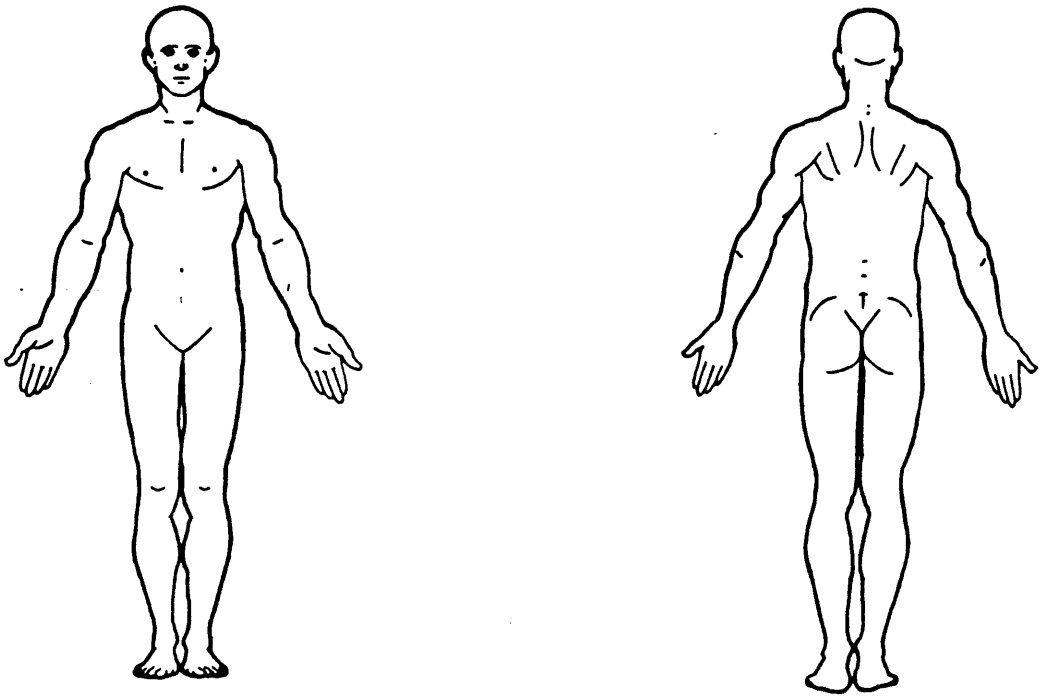
PSU Number ___ ___ Case Number—Stratum ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

INJURY DATA FROM INTERVIEWEE(S)

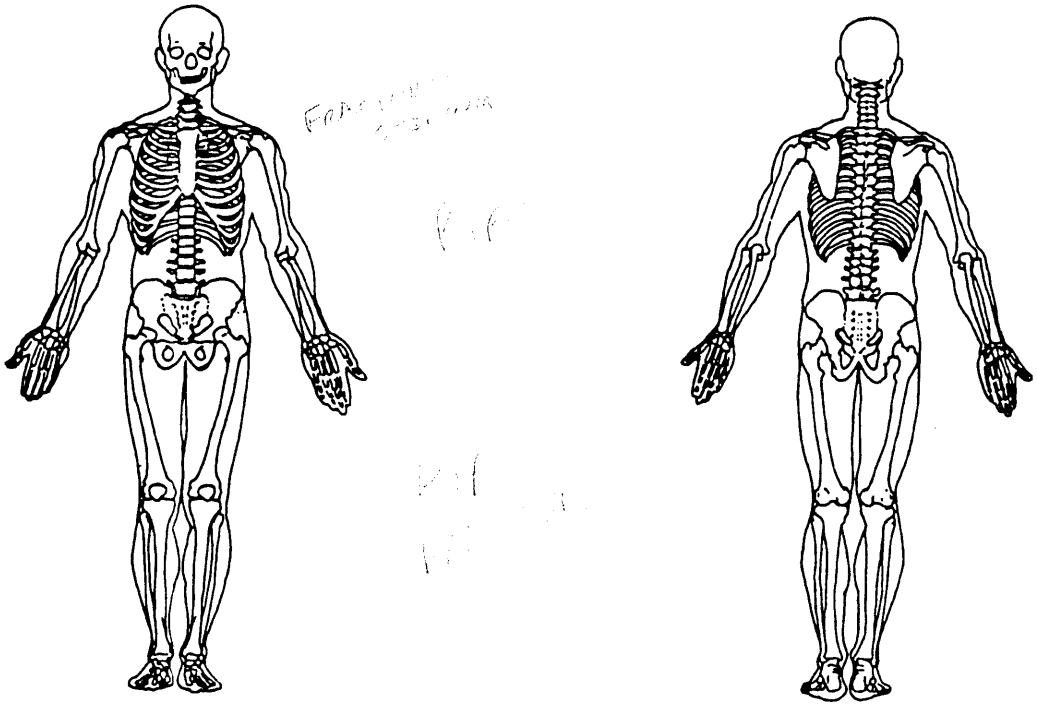
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

_____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

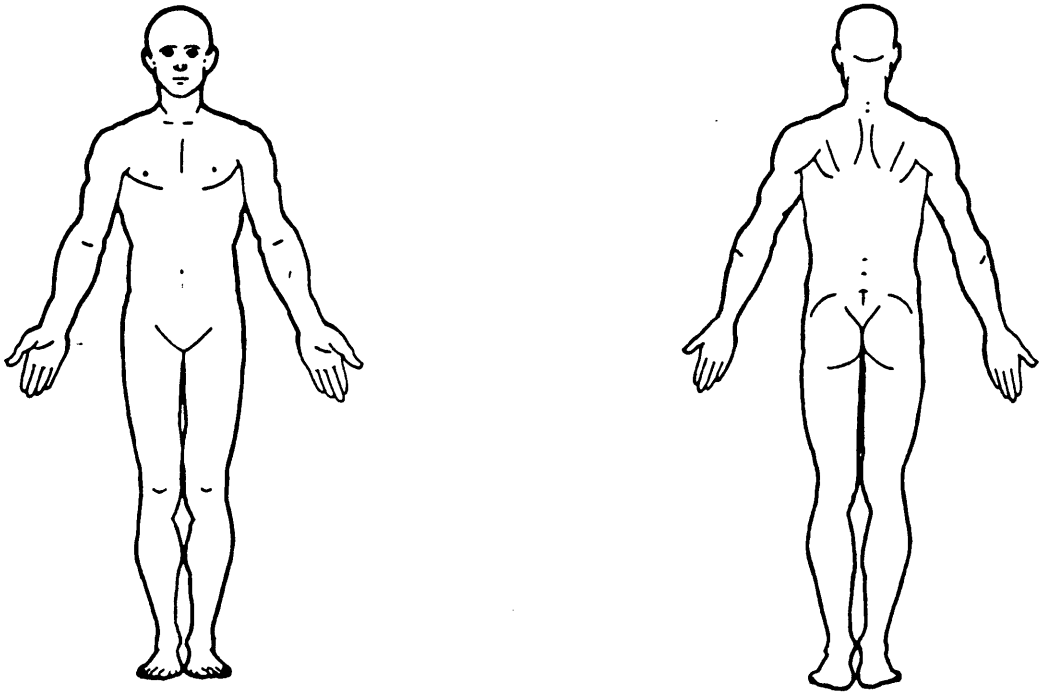
PSU Number ___ ___ Case Number—Stratum ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

INJURY DATA FROM INTERVIEWEE(S)

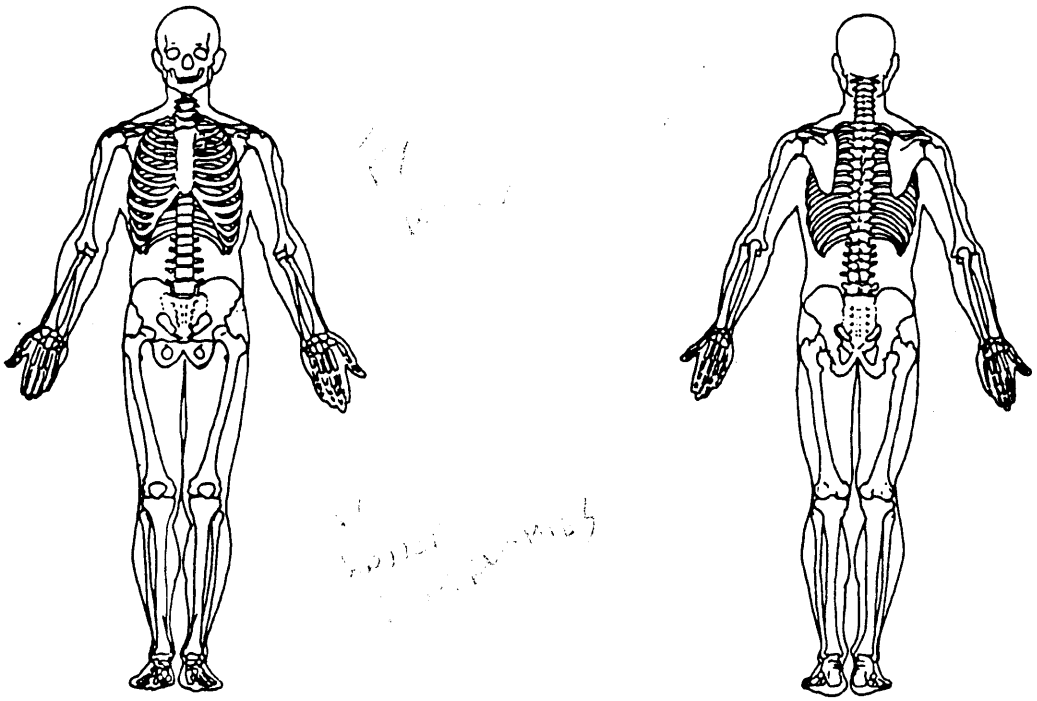
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):_____

_____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

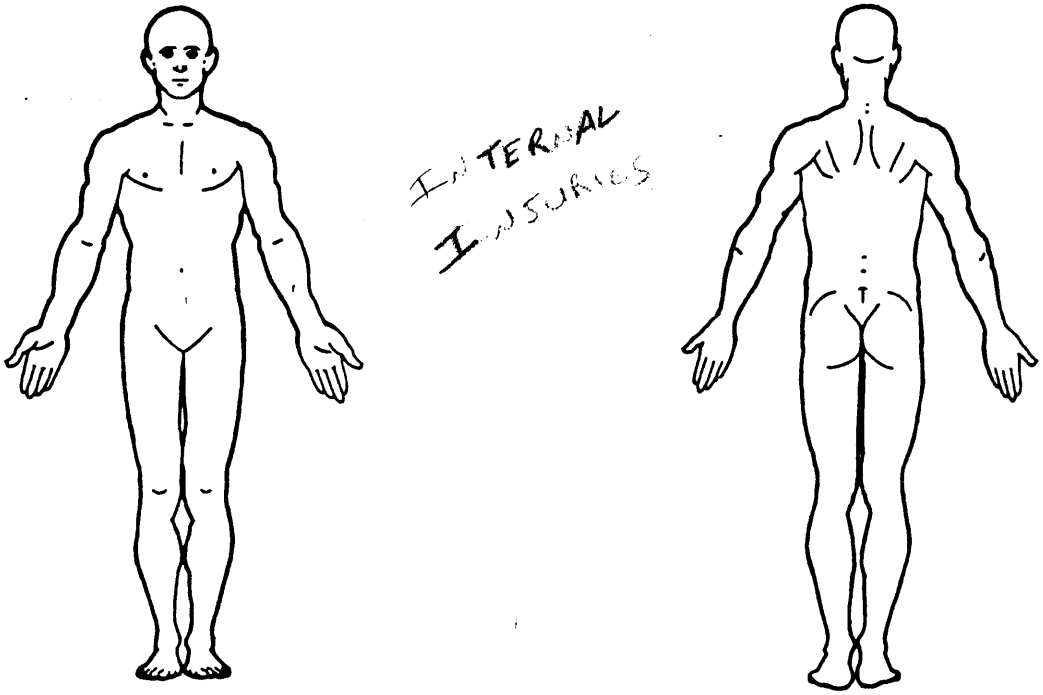
PSU Number ___ ___ Case Number—Stratum ___ ___ ___ ___ Vehicle Number ___ ___ Occupant Number ___ ___

INJURY DATA FROM INTERVIEWEE(S)

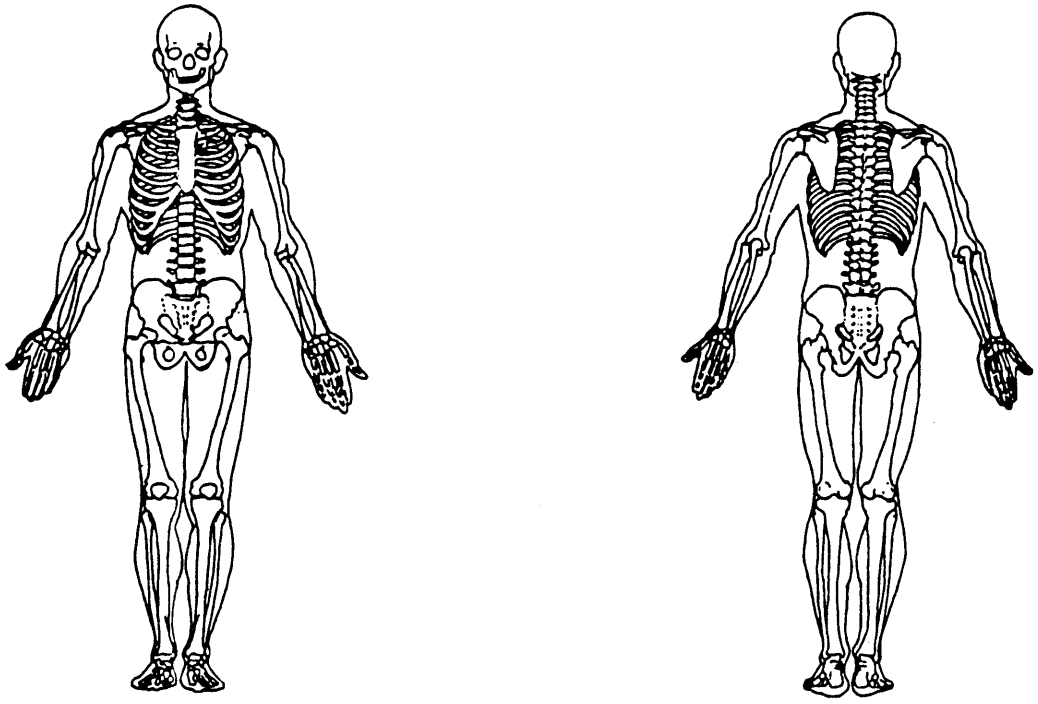
Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):_____

_____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

APPENDIX C:

Airbag Supplement

Dup. Cols. 1-8 from prior card | Module A B | Format Q 1 | AIRBAG SUPPLEMENT | AB-1

ACCIDENT SUMMARY

ACCIDENT DATE [redacted]/92

POLICE INVESTIGATED (1,2,9)* 1

City ____ County ___

GENERAL LOCALITY 4
(1) Freeway, Limited Access
(2) Urban (City)
(3) Urban-Rural (mixed)
(4) Rural, Fields

CONFIGURATION (First Harm) 2

(0) Struck Object or Pedestrian
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Direct.
(7) NonColl:eg Fell from Veh
(8) Nonimpact Deployment
(9) Unknown

FIRE INVOLVED (0) None 0
(1) AirBag Vehicle
(2) Other Vehicle
(3) Both Vehicles
(9) Unknown

NUMBER: VEHICLES INVOLVED 2
(8)=8 or more
PERSONS INVOLVED 5

INJURED PERSONS 5

MAXIMUM AIS IN ACCIDENT FATAL 3

OTHER VEHICLE: MAXIMUM AIS 6

PRIME/DEPLOY IMPACT w AB VEH: EVENT NUMBER 1

CDC 12-EDEW-6

TOTAL DELTA-V 51

Model Year, Make, Model, Body Type:
1992 GEO PRISM 4-DOOR

AIRBAG VEHICLE INSPECTION

DATE VEH. INSPECTED [redacted]/92

REASON VEHICLE NOT INSPECTED 1

(0) Not Required
(1) Inspection Completed
(2) Cannot be Located**
(3) Repaired or Destroyed**
(5) Refual or Impounded**
(7) Other*
**Specify: ____

IMPACT DATA OBTAINED 7

(0) No Data Obtained
(1) CDC Only
(2) Crush Profile Only
(3) Trajectory Data Only
(4) CDC and Crush Profile
(5) CDC and Trajectory
(6) Crush and Trajectory
(7) CDC, Crush & Trajectory

BASIS OF DELTA-V 1

(0) Not Computed (Unknown Why)
(1) CRASH - Damage Only
(2) CRASH - Damage+Trajectory
(3) Missing Vehicle Algorithm
(4) Yielding Object Algorithm
(5) Unknown Basis
(6) One Vehicle Beyond Scope
(7) Collision Beyond Scope
(8) Insufficient Data

VEHICLE HISTORY

HAS AIRBAG VEHICLE BEEN IN ANY PRIOR IMPACTS (1,2,9)* 2

HAS ANY PRIOR MAINTENANCE/SERVICE BEEN PERFORMED ON SYSTEM(1,2,9)* 9

*Describe: ____

AIRBAG VEHICLE: FLEET DOLLAR CAR RENTAL

VIN 3C3XA46K[redacted]

MILEAGE 6563

* (1)=Yes, (2)=No, (9)=Unknown

DRAFT - [redacted]/85

SYSTEM READINESS LAMP
(In Instrument Cluster)

PRE-IMPACT LAMP CONDITION

(1) Functioning/ProvedOut
(2) Inoperative
(9) Unknown

9

DRIVER'S REPORT OF PRE-IMPACT FLASHING

(00) No Flashing Reported
(01) Continuous Flashing
(02)
--->Number of Flashes
(11)
(12) Constant Light
(19) Flashing, Unkn Number
(88) Not App (system removed)
(99) Unknown

99

PERIOD OF PRE-IMPACT FLASHING

(0) No Flashing
(1) Same Day as Impact
(2) Prior Day
(3) Prior Two Days
(4) Prior Week
(5) Prior Month
(6) Over One Month
(9) Unknown

9

POST-IMPACT LAMP CONDITION

(1) Functioning/ProvedOut
(2) Inoperative
(9) Unknown

2

POST-IMPACT FLASHING

(00) No Flashing
(01) Continuous Flashing
(02)
-- >Number of Flashes
(11)
(12) Constant Light
(19) Flashing, Unkn Number
(88) Not Appl (removed)
(99) Unknown

00

AIRBAG VEHICLE FIRST HARMFUL EVENT

13

(01) Fire or explosion
(02) Immersion
(03) Gas Inhalation
(04) Fell from vehicle
(05) Injured in vehicle
(06) Other noncollision (specify):
(07) Overturn
(08) Jackknife with intraunit damage
Collision With:
(09) Pedestrian
(10) Pedalcyclist
(11) Railway train
(12) Animal
(13) Motor vehicle in transport (same roadway)
(14) Motor vehicle in transport (other roadway)
(15) Parked motor vehicle
(16) Other type nonmotorist (specify):
(17) Thrown or falling object
(18) Boulder
Collision with Fixed Object:
(20) Building
(21) Impact attenuator/Crash Cushion
(22) Bridge pier or abutment
(23) Bridge parapet end
(24) Bridge rail
(25) Guardrail
(26) Concrete traffic barrier
(27) Median barrier
(28) Other longitudinal barrier (specify):
(29) Highway/Traffic sign post
(30) Overhead sign support
(31) Luminaire/Light support
(32) Utility pole
(33) Other post, pole, or support (specify):
(34) Culvert
(35) Curb
(36) Ditch
(37) Embankment-earth
(38) Embankment-rock, stone or concrete
(39) Fence (wooden, wire, chain link, etc.)
(40) Wall (stone, rock, metal, etc.)
(41) Fire hydrant
(42) Shrubbery
(43) Tree
(44) Other fixed object (specify):
(45) Pavement surface irregularity (pothole, grooved, grates)
(99) Unknown

AIRBAG VEHICLE IMPACT SUMMARY

VEHICLE ROLE: 1

(0) Non-collision
(1) Striking Unit
(2) Struck Unit
(3) Both Striking and Struck
(9) Unknown

MANNER OF LEAVING SCENE: 2

(1) Driven
(2) Towed-due to damage
(3) Towed - not for damage
(4) Towed - details unknown
(5) Abandoned
(9) Unknown

NUMBER OF IMPACT EVENTS: 1
(8) 8 or more, (9) Unknown

ROLLOVER: 0
(0) No Rollover
(1) First Event
(2) Subsequent Event
(3) Yes, Unknown Event
(9) Unknown

OVERRIDE/UNDERRIDE: 0

(0) No over/underride
(1) Override - 1st CDC
(3) - Other CDC
(4) Underride - 1st CDC
(6) - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, DAMAGED
(2) No Damage
(9) Unknown

LEFT FRONT FENDER DAMAGE: 1

RIGHT FRONT FENDER DAMAGE: 1

CENTER TOP OF GRILLE DAMAGE: 1

FRONT BUMPER E.A. STATUS: Left: 3 Right: 4

(1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

CONFIGURATION: 2

(0) Struck Object or Pedestrian
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe - Same Direction
(6) Sideswipe-Opposite Direct.
(7) NonColl:eg Fell from Veh
(8) NonImpact Deployment
(9) Unknown

CDC: _ _ - _ _ _ _ - _

OBJECT CONTACTED: _____

PRIMARY/DEPLOYMENT IMPACT:

EVENT NUMBER: 1

TOTAL DELTA-V: 43

LONGITUDINAL DELTA-V: -43

CONFIGURATION: 2

(0) Struck Object or Pedestrian
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe - Same Direction
(6) Sideswipe-Opposite Direct.
(7) NonColl:eg Fell from Veh
(8) NonImpact Deployment
(9) Unkonwn

CDC: 12-FDEW-6

OBJECT CONTACTED: V2

NOTES:

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged*
(2) No, Intact
(8) Not App.(Removed)
(9) Unknown

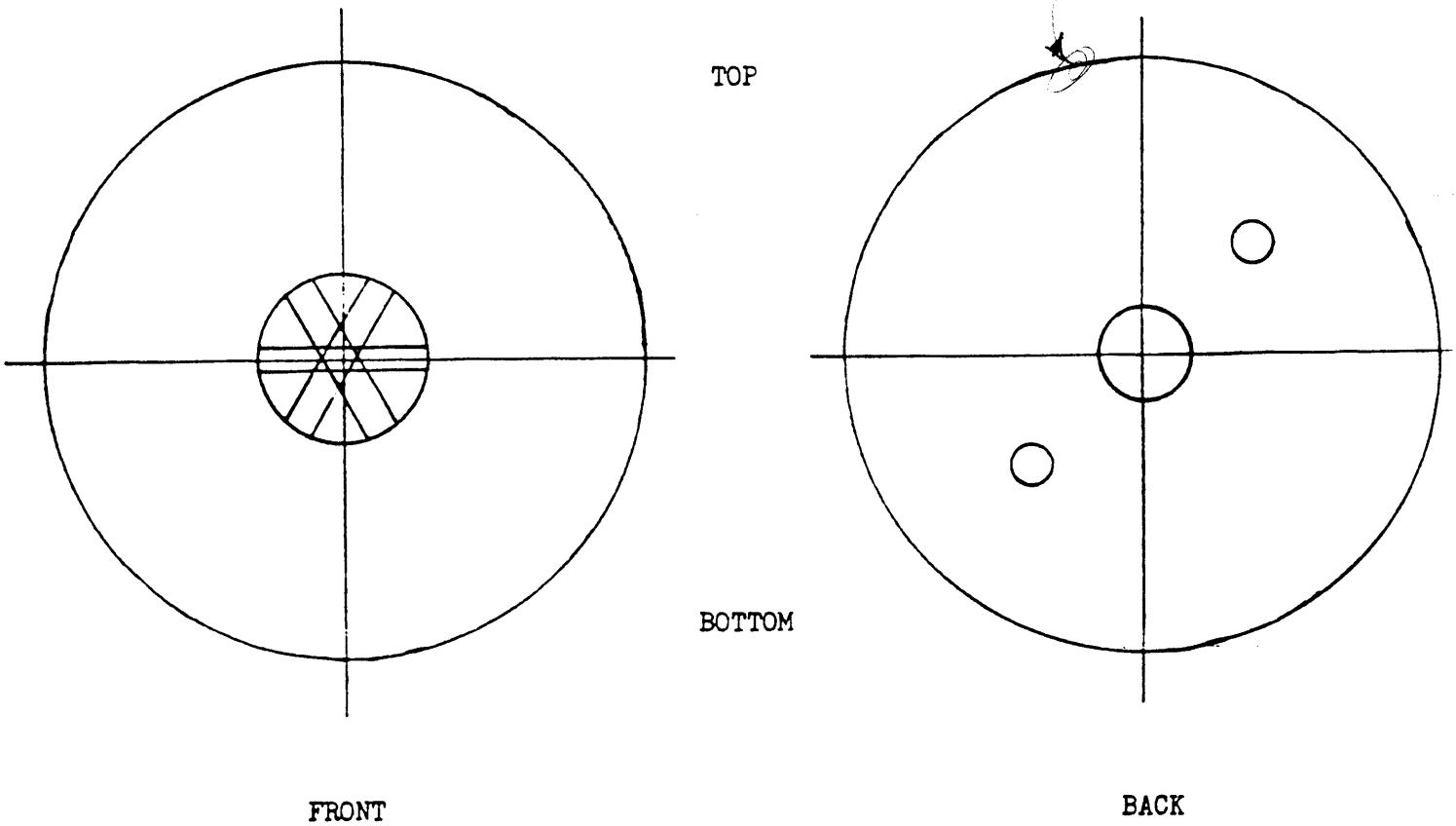
AIRBAG MODULE	2
SENSORS: Left Front	9
Center Front	9
Right Front	9
Rear, Cowl	9
DIAGNOSTIC MODULE	9
WIRING	9
KNEE DIVERTER	8
INDICATION OF DISCONNECTED OR LOOSE ELECTRICAL CONNECTORS	2

CONDITION OF DEPLOYED BAG 1

(1) Bag Intact
(2) Split or Torn*
(3) Cut by Object in Impact*
(4) Cut after Accident*
(5) Other (e.g., burned)*
(8) N/A (not deployed)
(9) Unknown

*DESCRIBE System and Bag Damage:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:



OCCUPANTS of AIRBAG CAR

NUMBER OF OCCUPANTS IN VEHICLE (8) 8 or more: 2

NUMBER OF INJURED PERSONS: 2

MAXIMUM AIS IN AIRBAG VEHICLE: 6
(0) No Injury
(1-6) AIS Severity
(7) Injured, Unknown Severity
(9) Unknown

DRIVER AGE 41 SEX M

NUMBER OF DRIVER INJURIES: 2

SOURCE OF BEST INJURY DATA: 7
(0) Not injured
(1) Autopsy w/wo med. records
(2) Hospital Medical Records
(3) Emergency Room only
(4) Private physician, Clinic
(5) Lay Coroner Report
(6) EMS Personnel
(7) Interviewee
(8) Police
(9) Unknown

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face		
Chest		
Abdomen		
Leg/Hips	3	09
Other (Arms)		
DRIVER MAXIMUM		

EJECTION: Extent NONE

Portal

NOTES:

DRIVER-PASSENGER AIRBAG SUPPLEMENT AB-6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown 1

Evidence: BELT WEBBING IS STRETCHED

DRIVER POSTURE: Any Comments Recorded (1) Yes, (2) No 2

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No 1

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

WAS WEARING SUNGLASSES - ONE LENS WAS BROKEN

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No 2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT (1) Yes, (2) No, (9) Unknown 2

Describe:

Appendix D:

CRASH 3

U.S. Department of Transportation
National Highway Traffic Safety Administration

CRASHPC PROGRAM SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

NCSI	92-03	01	[redacted] 92
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run

CRASHPC Vehicle Identification

	Year	Make	Model	NASS Veh. No.
Vehicle 1	1992	CHRYSLER	LEBARON	1
Vehicle 2	1992	GEO	PRISM	2

GENERAL INFORMATION

	VEHICLE 1	VEHICLE 2
Size	2	2
Weight	2972 (Curb) + 316 (Occupant(s) 4/M 176, 4/F 140) + 100 (Cargo) = 3388	2435 (Curb) + 330 (Occupant(s) 5/M 174, 3/F 140, 2 16) + 100 (Cargo) = 2865
CDC	12FDEW6	12FDEW6
PDOF	+10	-10
Stiffness	9	9

SCENE INFORMATION

Rest and Impact Positions [ ] No, *Go To Damage Information* [ ] Yes

	VEHICLE 1	VEHICLE 2
Rest Position		
X	160.0	4.0
Y	-53.33	-50.75
PSI	96.	50.0
Impact Position		
X	7.75	7.33
Y	-56.0	-40.9
PSI	78.	273.
Slip Angle		

VEHICLE MOTION

Sustained Contact [X] No [ ] Yes

	VEHICLE 1	VEHICLE 2
Skidding	[ ] No [X] Yes	[ ] No [X] Yes
Skidding Stop Before Rest	[X] No [ ] Yes	[X] No [ ] Yes
Impact Position		
X		
Y		
PSI		
Curved Path	[X] No [ ] Yes	[X] No [ ] Yes
Point on Path		
X		
Y		
Rotation Direction	[ ] None [X] CW [ ] CCW	[ ] None [X] CW [ ] CCW
Rotation >360°	[X] No [ ] Yes	[X] No [ ] Yes

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICTION INFORMATION

Coefficient of Friction .8
Rolling Resistance Option 1

Vehicle 1 Rolling Resistance
LF 1.0 RF 1.0
LF 1.0 RF 1.0

Vehicle 2 Rolling Resistance
LF 1.0 RF 1.0
LF 1.0 RF 1.0

TRAJECTORY INFORMATION

Trajectory Data [ ] No [ ] Yes
If No, Go To Damage Information

Vehicle 1 Steer Angles
LF ___ RF ___
LF ___ RF ___

Vehicle 2 Steer Angles
LF ___ RF ___
LF ___ RF ___

Terrain Boundary [ ] No [ ] Yes

First Point
X ___.___ Y ___.___

Second Point
X ___.___ Y ___.___

Secondary Coefficient of Friction .___

DAMAGE INFORMATION

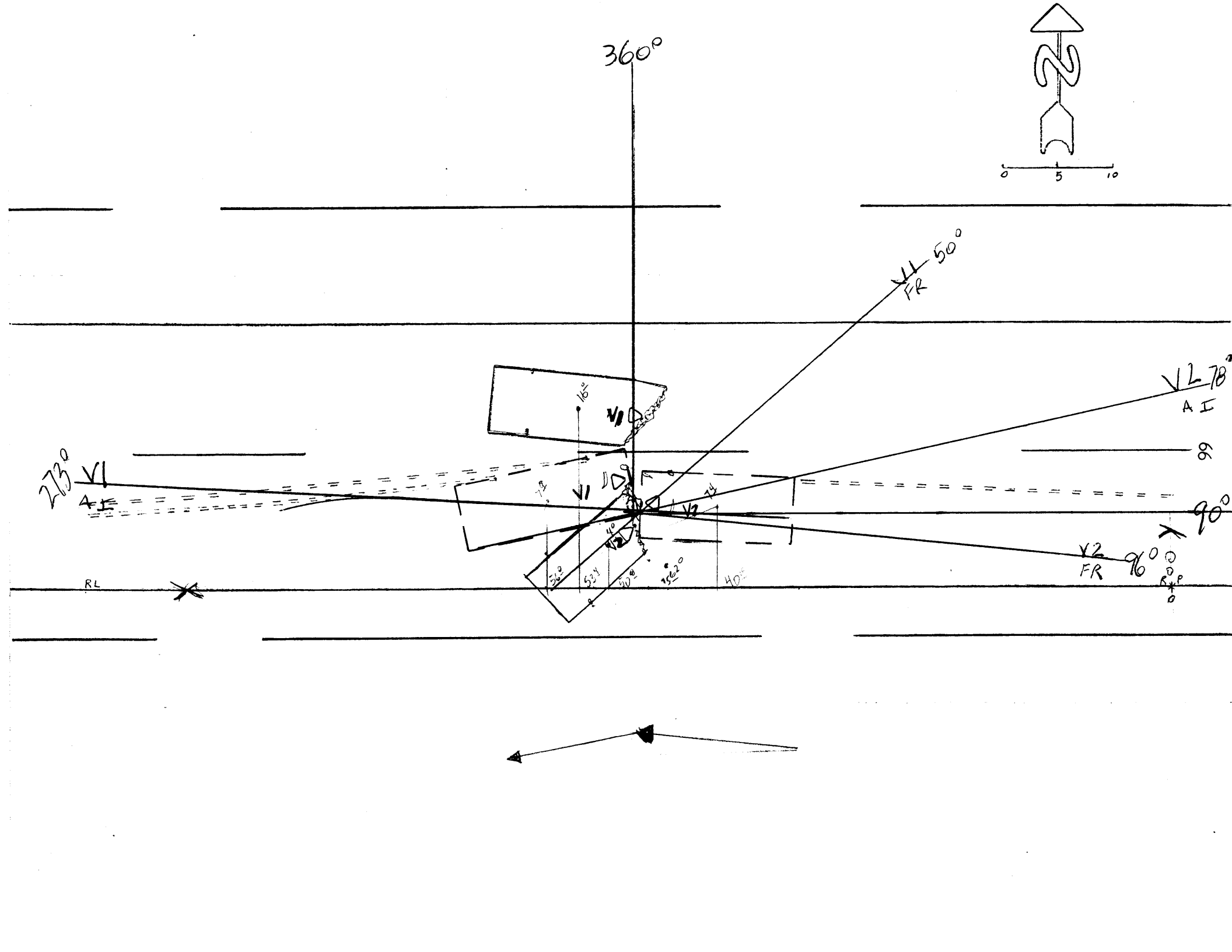
	VEHICLE 1	VEHICLE 2
Damage Length	64.0	60.0
Crush Depths C1	14.5	12.0
C2	34.5	22.0
C3	44.0	30.0
C4	49.5	38.0
C5	52.75	44.0
C6	62.0	52.5
Damage Offset	⊕ + 6.0	⊕ + 6.0

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE *NOT IN TRANSPORT,* FILL IN THE INFORMATION BELOW.

Model Year: _____
Make: _____
Model: _____
VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.


360°
N
0
5
10
50°
FR
78°
AI
273°
VI
AI
90°
V2
FR
96°
RL
16°
53.4°
50°
152°
40°
HO°

Estimation of PDOFs From At Impact Heading Angles, Slip, and Momentum
Case Number: 9010
Vehicle Numbers: 01 and 02
(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)
Neither Vehicle May Be Backing)
(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)
(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vehicle Analysis Area	GV27(V01)	GV28(V02)
01 Impact Heading Angle	270	75
02 Heading Angle	270	95
CRASH 3 Slip Angle	0	10
Weight-Vehicle Curb Wt	3065	3020
Weight-Occupants	0	0
Weight-Cargo	0	0
Weight-Total	3065	3020
Estimated Speed	45	45
Momentum(1000 lb-mph) /vect	137975	135450
PDOF (Degrees)	-5	12
OCCF (Clock Direction)	12	12

[redacted]/91 BTM

* *WARNING***
S_PARATION VELOCITIES ALONG PDOF ARE NOT COMPATIBLE ACCORDING
TO ASSUMPTION OF A COMMON VELOCITY AT THE DAMAGE AREA CENTROIDS.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

N^SI 92-03

		TOTAL(MPH)	LONG.(MPH),	LAT.(MPH)	
IMPACT SPEED					
(I INEAR MOMENTUM	VEH #1	34.7	34.7	.0	
ND SPINOUT)	VEH #2	49.8	49.8	.0	
SPEED CHANGE		TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
(DAMAGE)	VEH #1	43.3	-42.9	-5.6	7.5
	VEH #2	51.2	-50.7	6.7	-7.5
(INEAR MOMENTUM	VEH #1	30.1	-27.4	-12.4	24.4
ND SPINOUT)	VEH #2	35.6	-35.1	-5.8	9.4

E^ERGY DISSIPATED BY DAMAGE VEH#1:309117.2 FT-LB VEH#2:190648.7 FT-LB

SCENE INFORMATION

	VEHICLE # 1		VEHICLE # 2	
IMPACT X-POSITION	7.75	FT.	7.33	FT.
IMPACT Y-POSITION	-56.00	FT.	-40.90	FT.
IMPACT HEADING ANGLE	78.00	DEG.	273.00	DEG.
REST X-POSITION	16.00	FT.	4.00	FT.
REST Y-POSITION	-53.30	FT.	-50.75	FT.
REST HEADING ANGLE	96.00	DEG.	50.00	DEG.
END-OF-ROTATION X-POSITION	7.75	FT.	7.33	FT.
END-OF-ROTATION Y-POSITION	-56.00	FT.	-40.90	FT.
END-OF-ROTATION HEADING ANGLE	78.00	DEG.	273.00	DEG.
DIRECTION OF ROTATION	CW		CW	

AMOUNT OF ROTATION	<360	<360

COLLISION CONDITIONS

VEHICLE # 1			VEHICLE # 2		
XC1O'	=	7.8 FT.	XC2O'	=	7.3 FT.
YC1O'	=	-56.0 FT.	YC2O'	=	-40.9 FT.
SI1O	=	78.0 DEG.	PSI2O	=	273.0 DEG.
SI1DO	=	.0 DEG/SEC	PSI2DO	=	.0 DEG/SEC
BETA1	=	.0 DEG.	BETA2	=	.0 DEG.

SEPARATION CONDITIONS (USING SPINOUT)

VEHICLE # 1			VEHICLE #2		
US1	=	7.2 MPH	US2	=	14.6 MPH
S1	=	-12.4 MPH	VS2	=	-5.8 MPH
SISD1	=	.0 DEG/SEC	PSISD2	=	.0 DEG/SEC

RELATIVE VELOCITY (LINEAR MOMENTUM)	VEHICLE #1	VEHICLE #2
SPEED ALONG LINE THRU CG:	33.7 MPH	49.8 MPH
SPEED ORTHOG. TO CG LINE:	-8.1 MPH	1.2 MPH

CLOSING VELOCITY (LINEAR MOMENTUM) = 83.4 MPH

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

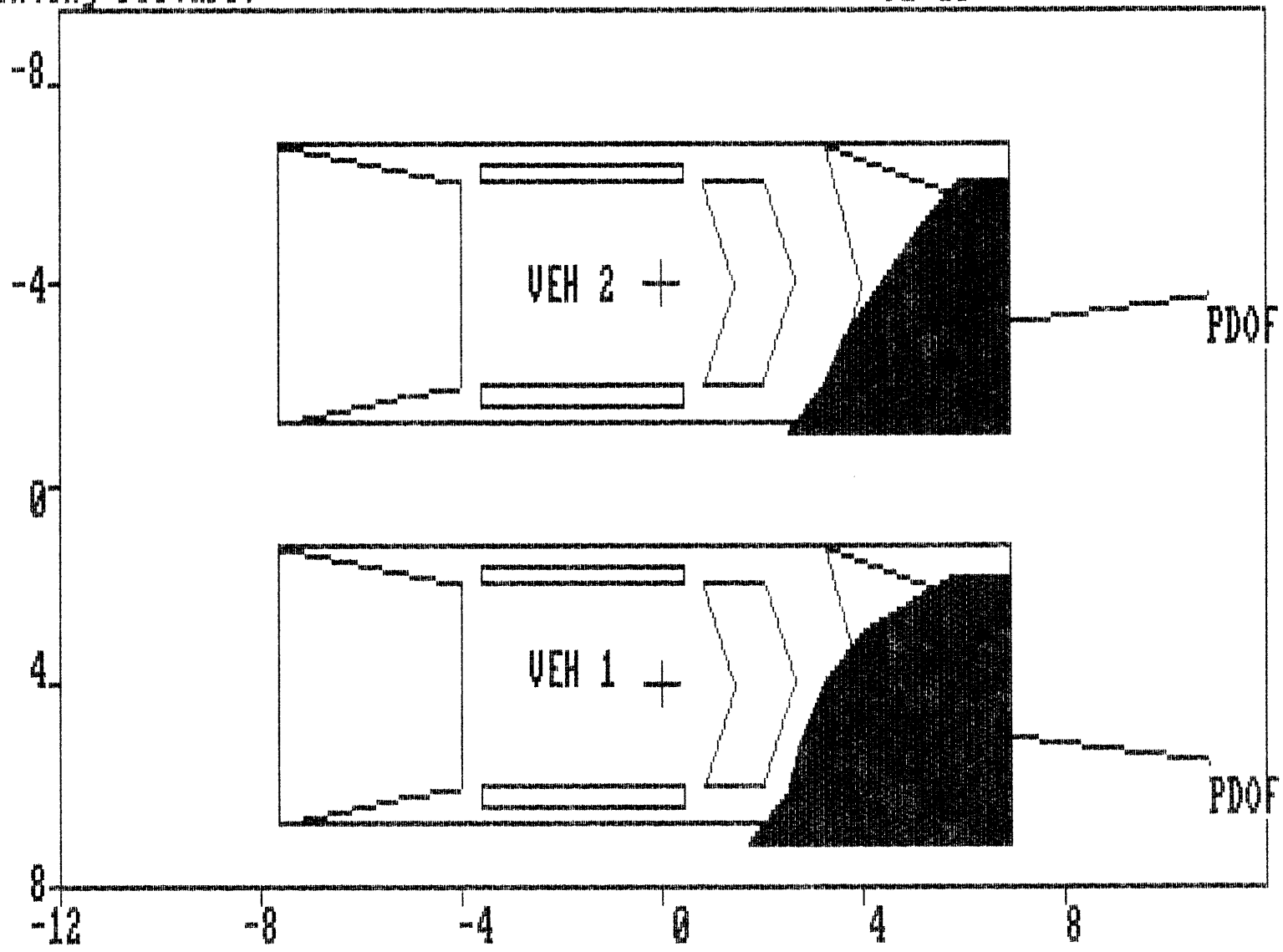
VEHICLE # 1		VEHICLE # 2	
TYPE----------CATEGORY	2	TYPE----------CATEGORY	2
STIFFNESS---CATEGORY	9	STIFFNESS---CATEGORY	9
WEIGHT-------	3380.0 LBS.	WEIGHT-------	2865.0 LBS.
CDC----------12FDEW6		CDC----------12FDEW6	
----------	64.0 IN.	L----------	60.0 IN.
1----------	14.5 IN.	C1----------	12.0 IN.
C2----------	34.5 IN.	C2----------	22.0 IN.
C3----------	44.0 IN.	C3----------	30.0 IN.
4----------	49.5 IN.	C4----------	38.0 IN.
C5----------	52.8 IN.	C5----------	44.0 IN.
C6----------	62.0 IN.	C6----------	52.5 IN.
----------	6.0	D----------	6.0
RHO----------	1.00 *	RHO----------	1.00 *
ANG----------	7.5 DEG.	ANG----------	-7.5 DEG.
D'----------	10.8 IN.	D'----------	11.8 IN.

DIMENSIONS AND INERTIAL PROPERTIES

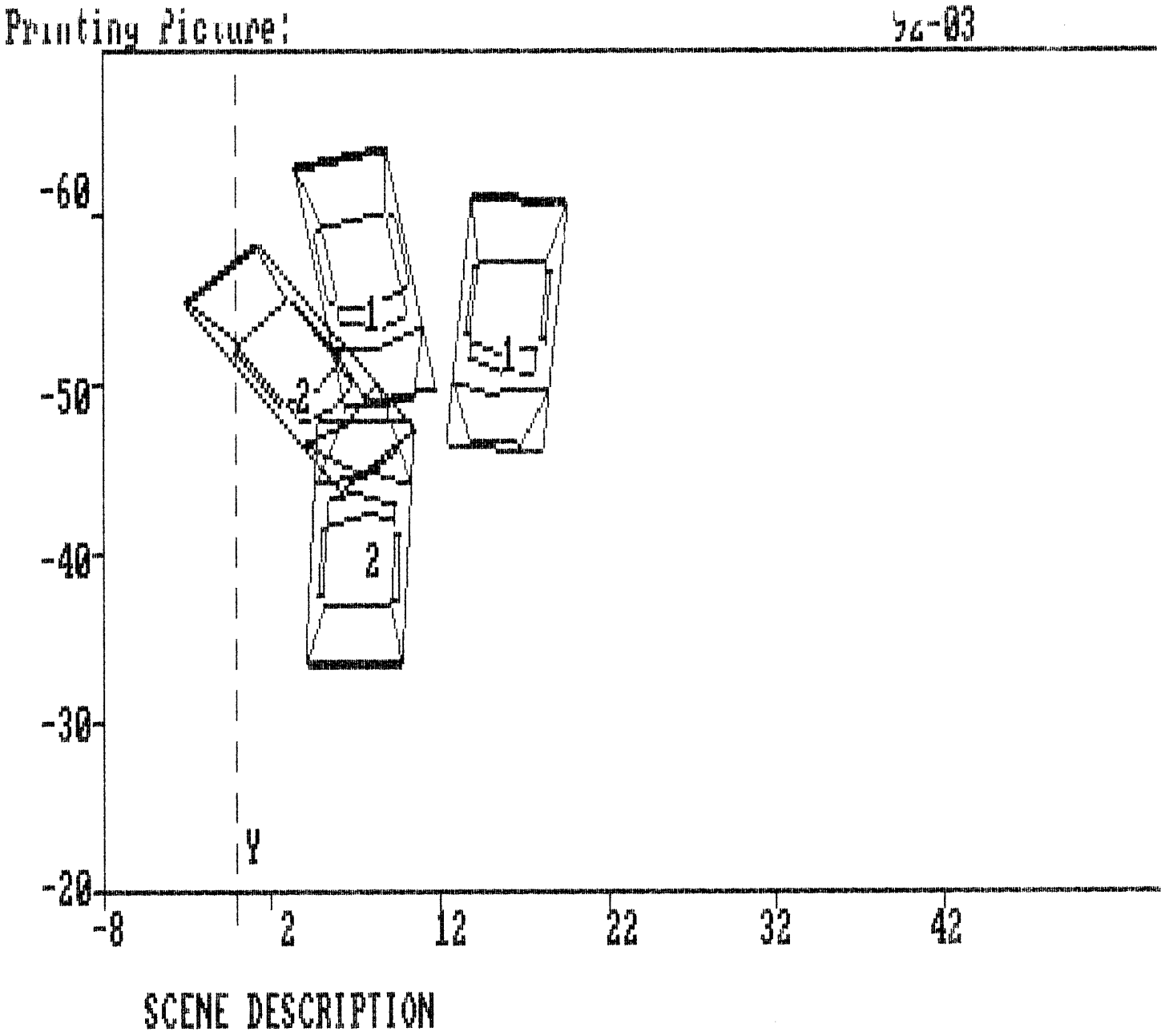
.1	=	46.3	IN.	A2	=	46.3	IN.
B1	=	50.1	IN.	B2	=	50.1	IN.
R1	=	54.6	IN.	TR2	=	54.6	IN.
I	=	25995.8	LB-SEC**2-IN	I2	=	21982.9	LB-SEC**2-IN
M1	=	8.809	LB-SEC**2/IN	M2	=	7.449	LB-SEC**2/IN
YF1	=	83.3	IN.	XF2	=	83.3	IN.
R1	=	-91.6	IN.	XR2	=	-91.6	IN.
YS1	=	33.6	IN.	YS2	=	33.6	IN.

ROLLING RESISTANCE

VEHICLE # 1		VEHICLE # 2	
F	1.00	LF	1.00
F	1.00	RF	1.00
LR	1.00	LR	1.00
RR	1.00	RR	1.00



DAMAGE DESCRIPTION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-50
-40
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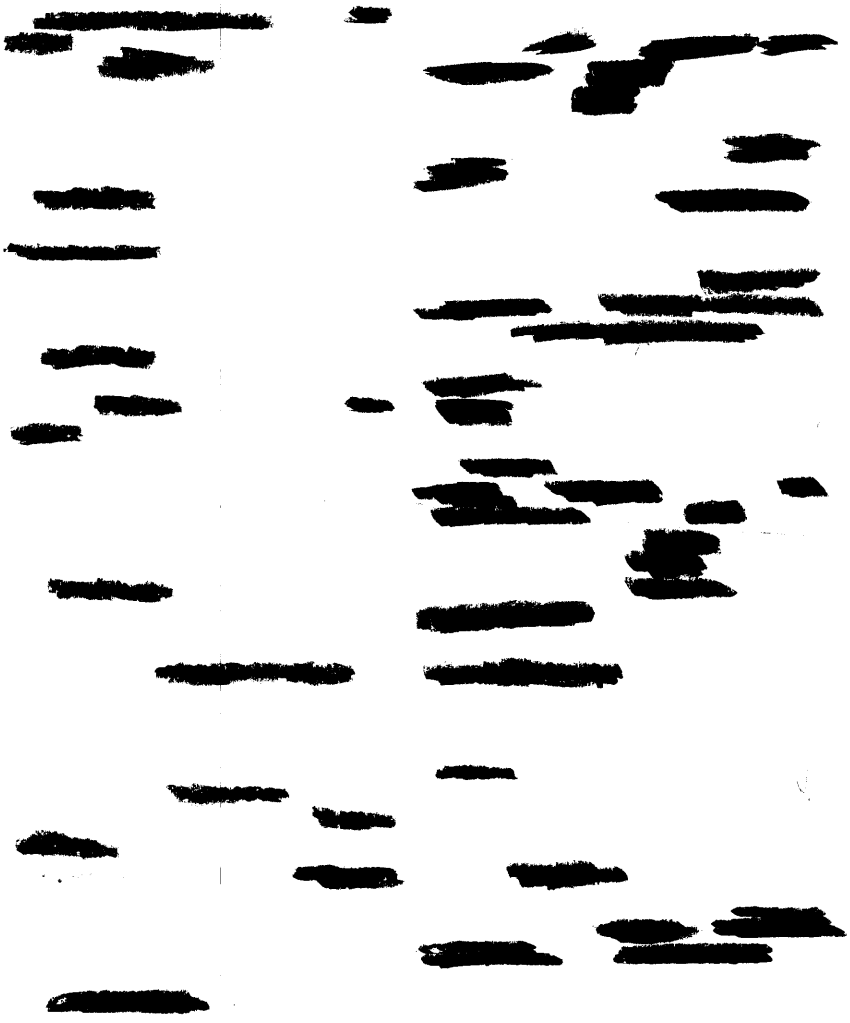
2
SCENE DESCRIPTION

Appendix E:

Newspaper Article



Appendix: F

Selected Prints

PHOTOGRAPH INDEX

1992

1. Path of travel of V1 (Airbag Vehicle) east on

2. Consecutive view of travel path showing police markings.

3. View of the area of impact.

4. View of the gouges at the point of impact.

5. V1's path from impact to final rest.

6. View of the final rest position of V1.

7. View of the path of travel of V2, west on

8. Consecutive view of V2's path of travel showing police markings.

9. Consecutive view of V2's path of travel.

10. Area of impact.

11. V2's path from impact to final rest.

12. View of the final rest position of V2.

AIRBAG VEHICLE
1992

13. Frontal view of the Airbag Vehicle showing damage.

14. Front right view of the LeBaron.

15. Right front view showing the crush to V1.

16. Right side view of V1.

17. Right rear three-quarter view.

18. Left rear three-quarter view.

19. Left front three-quarter view.

20. left front view of the airbag vehicle.

21. Interior view showing the deployed airbag module.

22. Interior view showing occupant contact points.

23. View of the deployed airbag.

24. Additional view of the deployed airbag.

25. Interior view showing intrusion and occupant contacts.

26. Additional view of the interior of the airbag vehicle.

Appendix G:

Police Photographs

POLICE PHOTOGRAPHS
1992

1. Police photograph showing both vehicle at final rest.

2. Additional view of the final rest positions of the vehicles.

3. Final rest positions of the vehicles.

4. Final rest positions of the vehicles.

5. View looking east showing both vehicles.

6. View looking west showing both vehicles.

7. View showing police markings on the roadway.

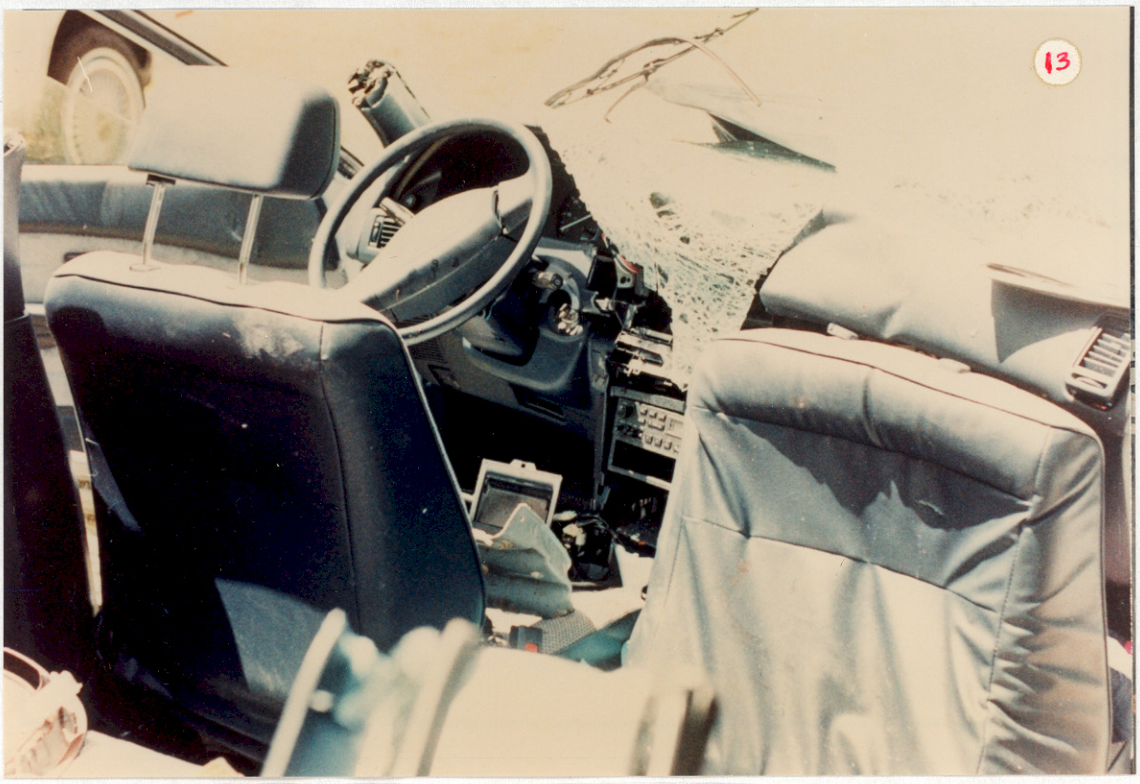
8. Additional view of the damaged vehicles.

9. Close-up view of the vehicles.

10. View showing the damage to V2.

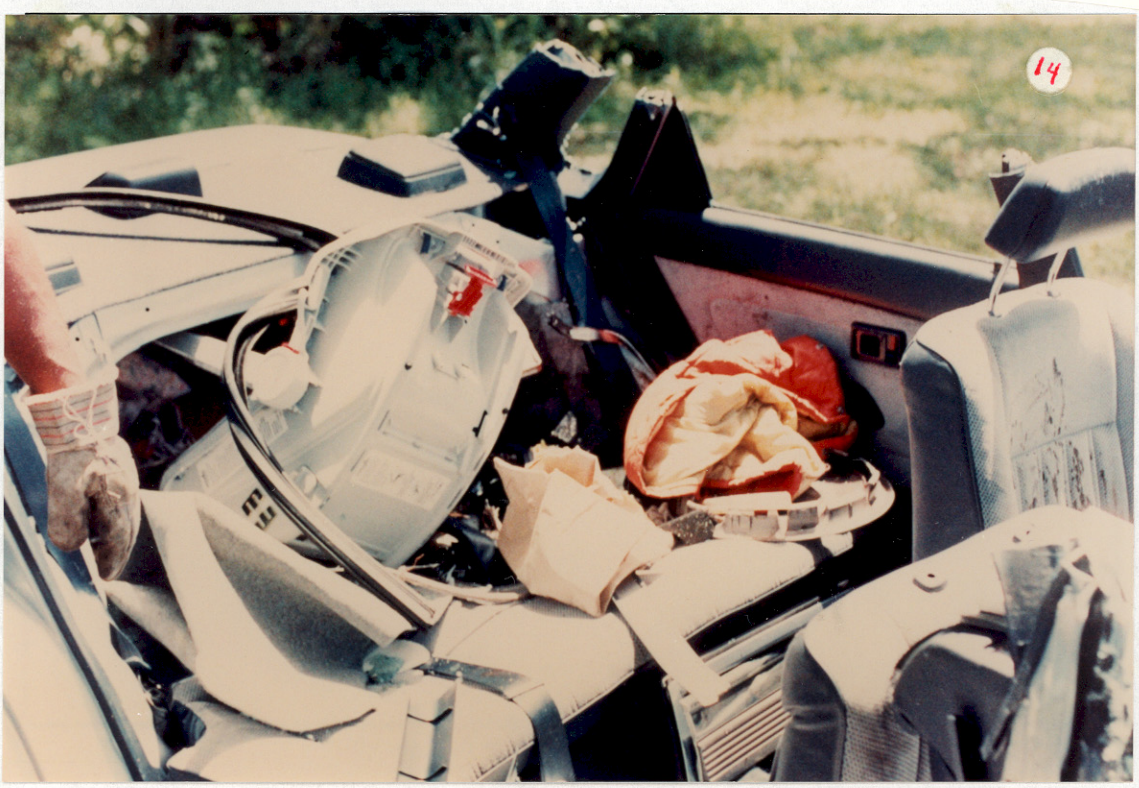
11. Close-up view of V2 at its final rest position.

12. Additional view of V2. Note the roof was cut by rescue personnel.



13. Interior view of V2 showing occupant contact to the right front seat back.

14. Interior view of V2 showing the rear seating area.



15. View of the back seat showing the unused child seat.

16. View of V1 (Airbag Vehicle) at its final rest position.

17. View of the damage to the front of V1.

"GRAPHIC"
PHOTOGRAPHS AND IMAGES

The following "GRAPHIC" Photographs and Images have been removed from this case.

Police Photo #18

If you would like a copy of these photographs and/or images please write to:

MARJORIE SACCOCCIO
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 BROADWAY
CAMBRIDGE, MA 02142

In the body of your request please include the case, photograph and image number(s).

POLICE SCENE PHOTOGRAPHS
1992

19. View showing the path of travel of V1.

20. Consecutive view of the path of travel of V1.

21. Consecutive view of V1's path.

22. Area of impact.

23. View of the area of impact.

24. View of the gouges at impact.

25. Additional view of the area of impact.

26. View showing the path of travel of V2.

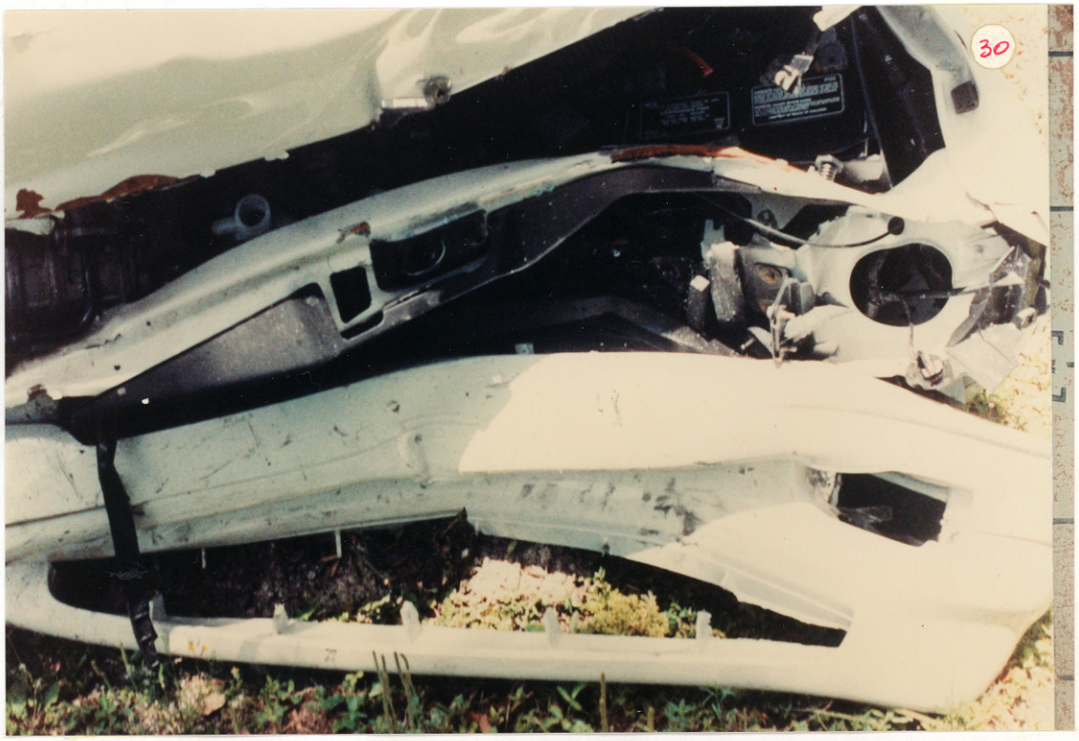
27. Consecutive view of the path of travel of V2.

28. View of the final rest area of V2.

POLICE VEHICLE PHOTOGRAPHS
1992

29. Frontal view of the Airbag Vehicle.

30. Close-up view of the front bumper of V1.

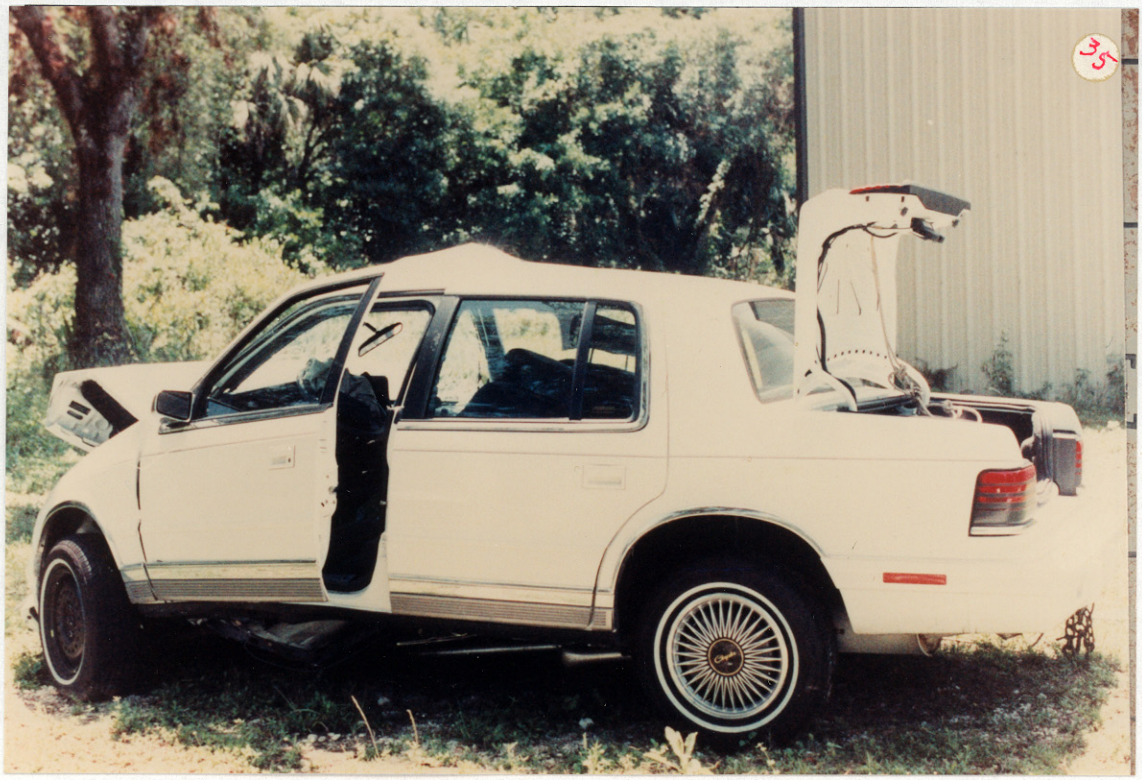


31. Right side view of V1.

32. Interior view of V1.

33. Interior view of V1.

34. Interior view showing the deployed airbag module.

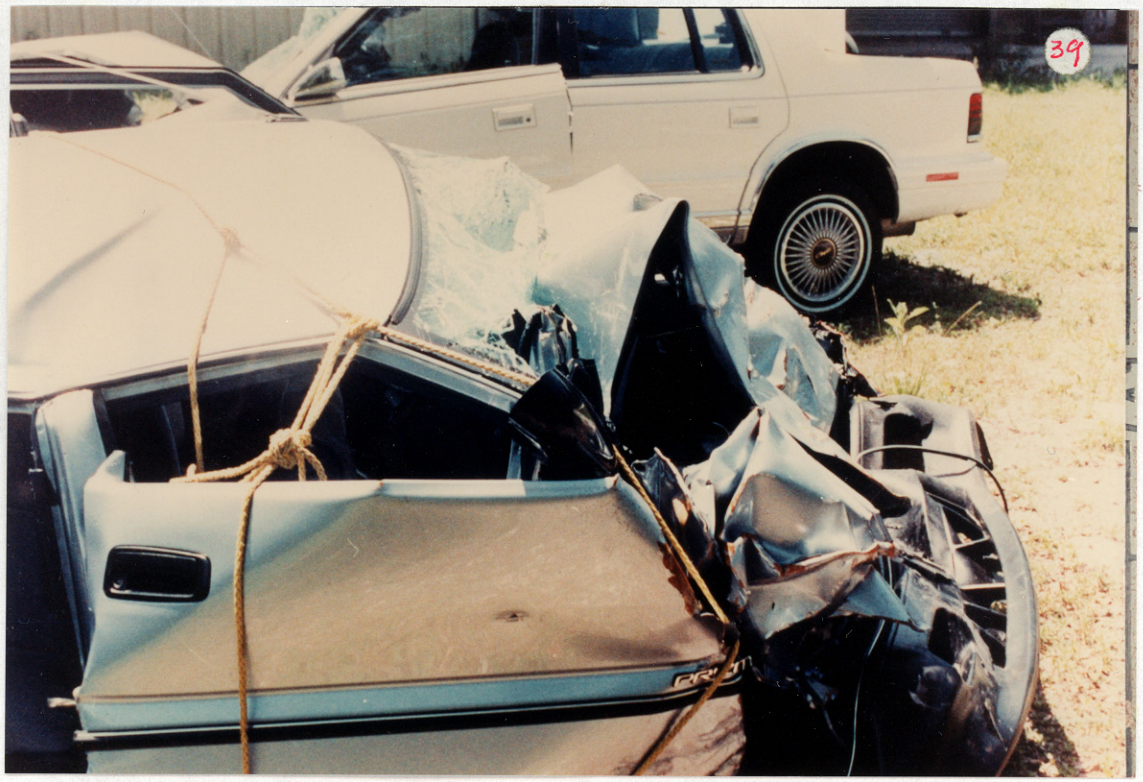


35. Left side view of V1.

36. Frontal view of V2.

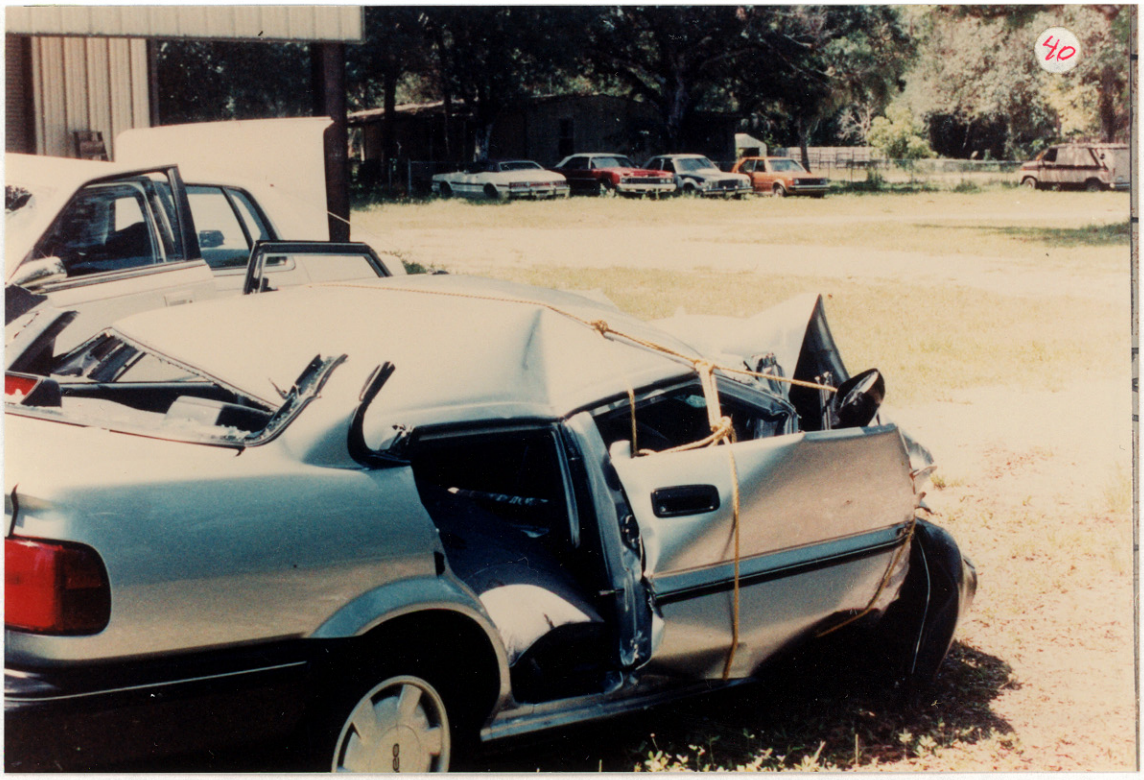
37. Right front view of V 2.

38. Right side view of V2.



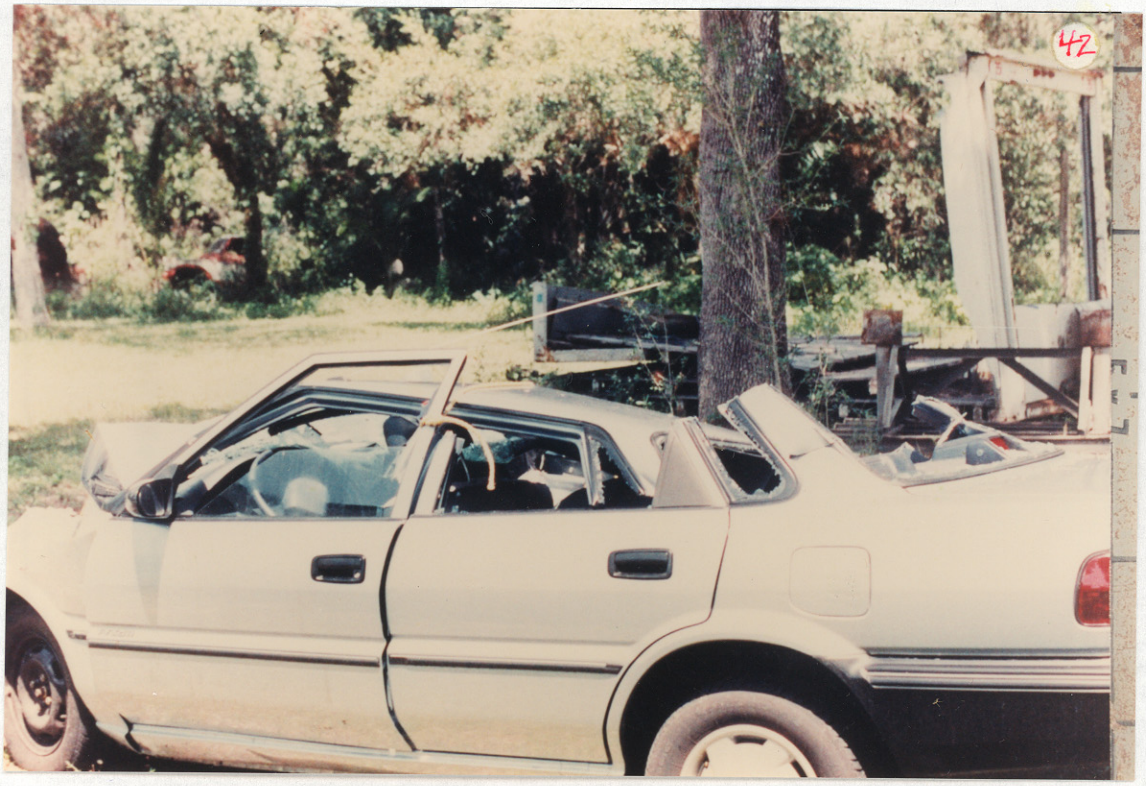
39. Right side view of V2.

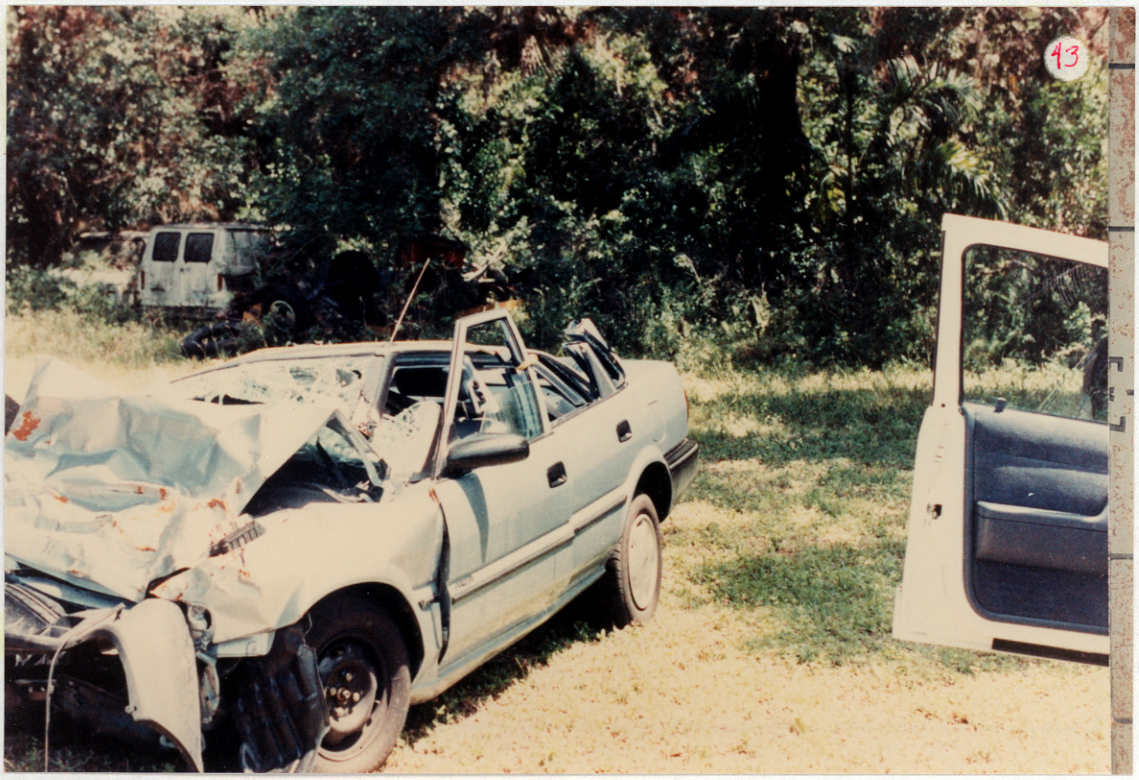
40. Right rear view of V2.



41. Right rear view of V2.

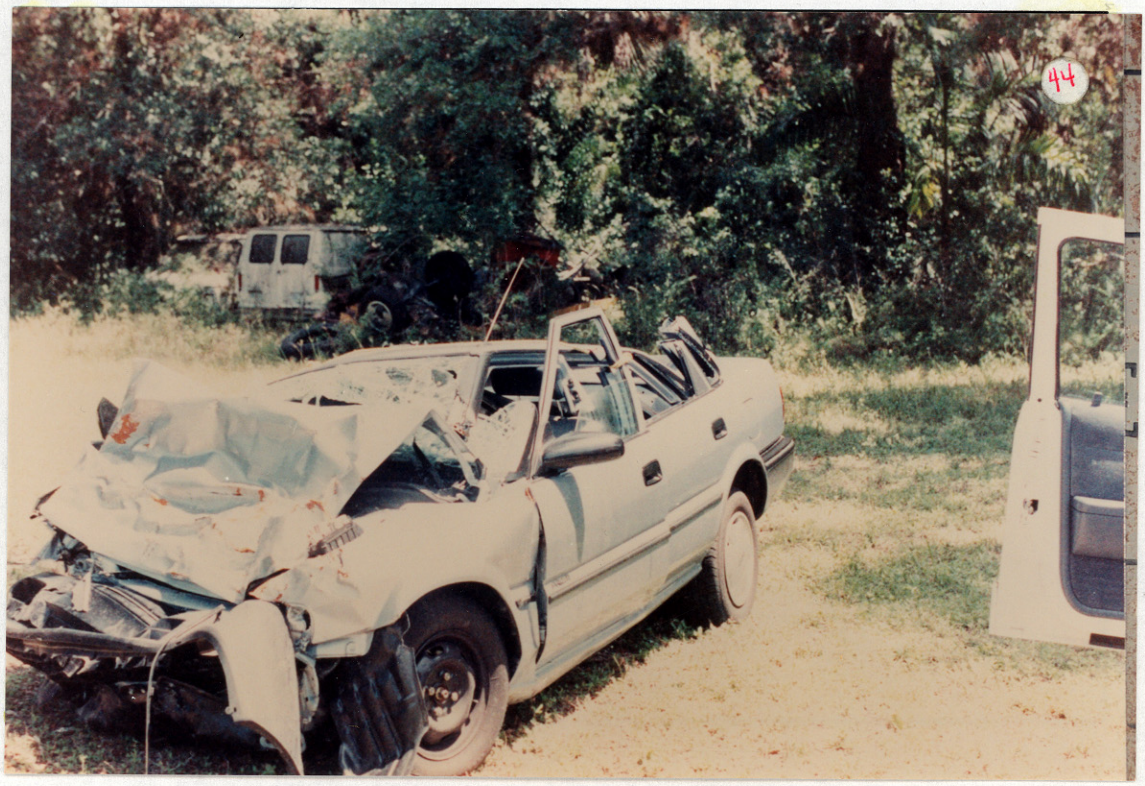
42. Left side view of V2.





43. Left front view of V2.

44. Left front view of V2.



Appendix: H

Slide Index

SLIDE INDEX

Slide No.	Description
1-2.	Path of travel of PAR vehicle #1 (1992 GEO Prism) west on SR [redacted] ([redacted] Alley).
3.	The GEO attempts to pass another westbound vehicle.
4-5.	Police markings indicating the start of skid marks from the GEO.
6.	Police markings for the end of the skid mark.
7.	Gouges at the point of impact.
8-9.	Path from impact to final rest.
10.	Police markings of the final rest position of the GEO.
11.	Opposite view from final rest looking back to impact.
12.	Opposite view from impact looking back east.
13-14.	Path of travel of PAR vehicle #2 (1992 Chrysler LeBaron) east on SR [redacted]
15.	Police marking for the start of the skid marks from the airbag vehicle. Note the dark yaw marks seen in this view are not related to this accident.
16.	Police marking of the end of the skid mark.
17.	Police paint mark at the point of impact for the left front tire.
18.	Gouges at the point of impact.
19.	Path from impact to final rest.
20.	Final rest position of the airbag vehicle.
21.	Opposite view looking back form final rest toward impact.
22.	Opposite view looking back from impact.
23.	View looking north showing the final rest positions of both vehicles.

AIRBAG VEHICLE

24-28.	Frontal views of the airbag vehicle showing the deformation to the frontal plane.
29-38.	Right side views of the airbag vehicle.
39-40.	Rear views of the airbag vehicle.
41-48.	Left side views of the induced damage to the airbag vehicle.
49.	Close-up view of the windshield showing a cut by rescue personnel.
50-51.	Views under the hood showing damage to the engine compartment and the airbag sensors.
52-53.	Interior views of the airbag vehicle.
54-55.	Views of the deployed airbag.
56-57.	Views of the steering assembly.
58-59.	Views showing stretching of the seat belt webbing.
60.	Sunglasses worn by the driver.
61-63.	Views of the passenger's seating area. Note in the on-scene photographs the passenger seat back is <u>not</u> broken back as it is in these views.
64-65.	View of the passenger's seat belt showing where it was cut by rescue personnel.
66-70.	Interior views showing numerous occupant contact points and intrusion areas.
71.	View of the rear seat area.
72.	Interior view of the left front door.

NC 9203 #1

NC 9203 #2

NC 9203 #3

NC 9203 #4

NC 9203 #5

NC 9203 #6

NC 9203 #7

NC 9203 #8

NC 9203 #9

NC 9203 #10

NC 9203 #11

NC 9203 #12

NC 9203 #13

NC 9203 #14

NC 9203 #15

NC 9203 #16

NC 9203 #17

NC 9203 #18

NC 9203 #19

NC 9203 #20

NC 9203 #21

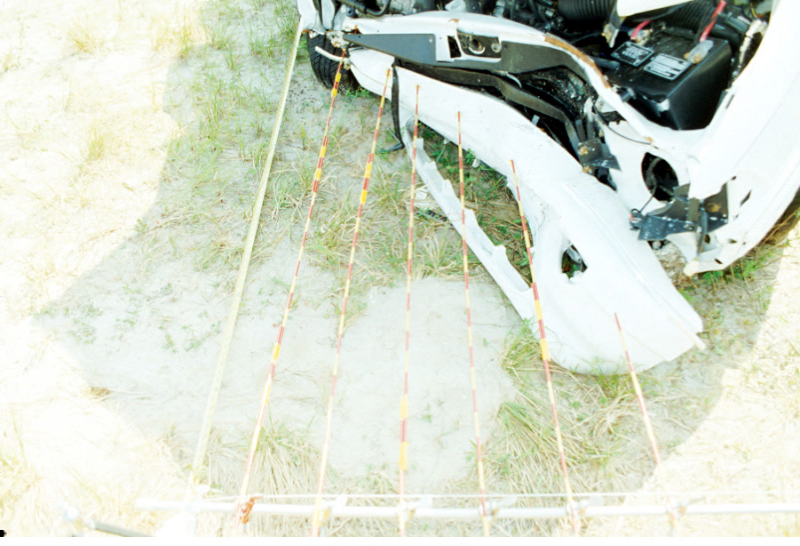
NC 9203 #22

NC 9203 #23

NC 9203 #24

NC 9203 #25

NC 9203 #26
Best Available



NC 9203 #27
Best Available

NC 9203 #28
Best Available

NC 9203 #29
Best Available

NC 9203 #30
Best available

NC 9203 #31
Best Available

NC 9203 #32

NC 9203 #33

NC 9203 #34

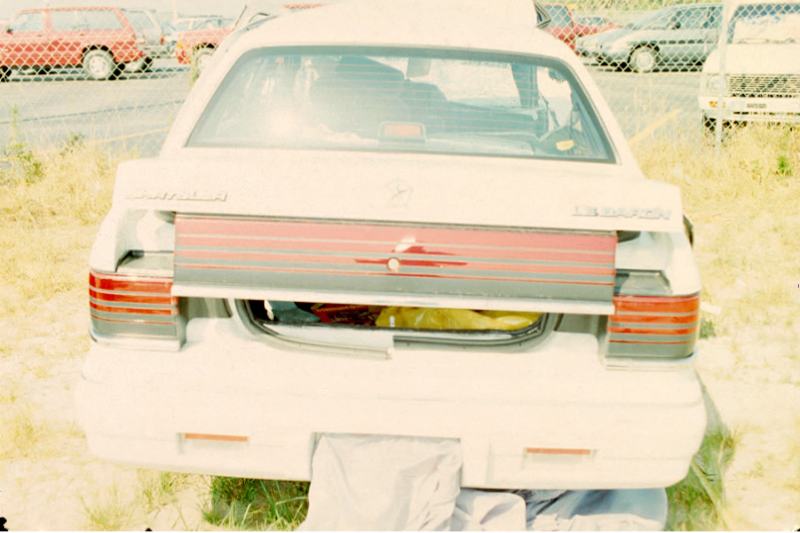
NC 9203 #35
Best Available

NC 9203 #36
Best Available

NC 9203 #37

NC 9203 #38
Best Available

NC 9203 #39
Best Available



NC 9203 #40

NC 9203 #41

NC 9203 #42

NC 9203 #43

NC 9203 #44

NC 9203 #45

NC 9203 #46

NC 9203 #47

NC 9203 #48
Best Available

NC 9203 #49

NC 9203 #50

NC 9203 #51

NC 9203 #52

NC 9203 #53

NC 9203 #54

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NC 9203 #56

NC 9203 #57

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NC 9203 #70

NC 9203 #71

NC 9203 #72